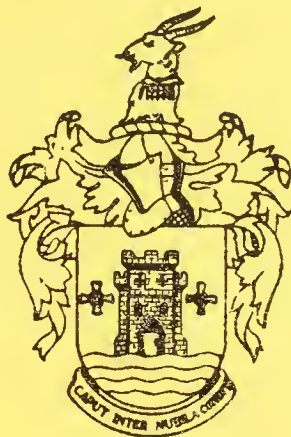


1957



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COUNTY BOROUGH OF GATESHEAD

ANNUAL REPORT

OF THE

Public Health Department

FOR YEAR 1957

JAMES GRANT, M.D., Ch.B., D.P.H.

(GLASGOW)

MEDICAL OFFICER OF HEALTH

J. P. LAVENDER, CHIEF PUBLIC HEALTH INSPECTOR



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HEALTH COMMITTEE

as at 31st December, 1957

Chairman: ALDERMAN P. S. HANCOCK, O.B.E.

Vice-Chairman: ALDERMAN J. T. ETHERINGTON

THE MAYOR	COUN. H. HAMMELL
ALD. W. F. BARRON	„ MRS. E. A. HARDY
„ M. GRANT	„ W. HARLAND
„ MRS. M. GUNN	„ MRS. A. HUTCHISON
„ J. A. HUTCHISON	„ MRS. A. E. JEWITT
„ J. ROBERTS	„ MRS. J. M. E. JOYCE
„ B. N. YOUNG	„ MRS. J. H. LISTER
COUN. R. N. BAPTIST	„ MRS. E. C. A. LUMSDEN
„ F. C. V. BELGIAN	„ J. W. MORRIS
„ MRS. M. BELL	„ W. J. PIKE
„ J. W. BROWN	„ C. RYANS
„ J. R. CHARLTON	„ A. V. TURNBULL
„ J. J. CUSACK	„ S. J. WHEATLEY
„ J. W. FIXTER	„ F. C. E. WOOD

Representatives of Outside Bodies

DR. J. C. ARTUHR

MR. C. G. C. SIMMONS

SUB-COMMITTEES

Maternity and Child Welfare

THE CHAIRMAN	COUN. MRS. M. BELL
THE VICE-CHAIRMAN	„ W. HARLAND
ALD. MRS. M. GUNN	„ MRS. A. HUTCHISON
„ J. A. HUTCHISON	„ MRS. A. E. JEWITT
„ B. N. YOUNG	„ A. V. TURNBULL

Co-opted Members

MRS. F. ARMSTRONG	MRS. L. M. MORRIS
MRS. H. JONES	MRS. B. NUGENT
MRS. H. M. STOREY	

Invalid Care and After-Care

THE CHAIRMAN	COUN. MRS. M. BELL
THE VICE-CHAIRMAN	„ W. HARLAND
THE MAYOR	„ MRS. A. HUTCHISON
ALD. W. F. BARRON	„ MRS. A. E. JEWITT
„ J. A. HUTCHISON	„ A. V. TURNBULL

Representative of the Council of Social Service

REV. A. WIGHAM PRICE

Other Members

MISS H. BROTHERTON
MR. A. MORRIS, J.P.

Mental Welfare

THE CHAIRMAN	ALD. B. N. YOUNG
THE VICE-CHAIRMAN	COUN. MRS. M. BELL
THE MAYOR	„ W. HARLAND
ALD. W. F. BARRON	„ MRS. A. HUTCHISON
„ J. A. HUTCHISON	„ MRS. A. E. JEWITT
	COUN. A. V. TURNBULL

General Purposes and Insanitary Property

THE CHAIRMAN	COUN. F. C. V. BELGIAN
THE VICE-CHAIRMAN	„ MRS. M. BELL
THE MAYOR	„ MRS. E. A. HARDY
ALD. W. F. BARRON	„ MRS. A. HUTCHISON
„ J. A. HUTCHISON	„ MRS. A. E. JEWITT
„ B. N. YOUNG	„ A. V. TURNBULL
	COUN. T. WILKINSON

1. STAFF OF LOCAL AUTHORITY

**Medical Officer of Health, Principal School Medical Officer and Medical Superintendent
Sheriff Hill Infectious Diseases Hospital—JAMES GRANT, M.D., CH.B., D.P.H.*

*Deputy Medical Officer of Health and Senior School Medical Officer—MARGARET B. B.
HERBST, M.D., B.S., B.HY., D.P.H.*

*Assistant Medical Officers of Health and School Medical Officers—CHARLES E. CAMM,
M.B., B.S., D.P.H. (resigned 31.8.57), JEAN M. BAINBRIDGE, M.B., B.S., D.R.C.O.G.,
EDWIN I. BLENKINSOP, M.B., B.S., D.P.H., MARY J. MOSSMAN, M.B., B.S., D.R.C.O.G.*

Chief Dental Officer—JOSEPH WHITEHOUSE, L.D.S.

*Dental Officers—MISS TERESA M. ROSSI, B.D.S., ISMAIL A. EBRAHIM, B.D.S. (Temporary,
resigned 16.3.57), ROBERT W. WHITTINGHAM, B.D.S. (resigned 30.11.57), HENRY D.
NORRIS, B.D.S., MRS. I. F. JONES, L.D.S. (commenced 1.5.57), BHOPINDER S. NARU,
L.D.S. (Temporary, Part-time—commenced 1.12.57).*

*Dental Attendants—MISS M. CESSFORD, MISS E. E. GRASS, MISS S. P. THOMPSON,
MRS. E. DANBY (nee Besford), MISS. P. A. BAGNALL, MISS P. SMITH.*

Dental Technicians—T. W. CURTIS, J. GILHOLME.

Orthoptist—MISS. J. F. MAUGHAN, D.B.O.

Physiotherapist (part-time)—MRS. G. AYNSLEY, M.S.C.P. (resigned 14.9.57).

*Health Visitors and School Nurses—C. ROBSON (Supt.), I. BRADLEY, M. DAGLISH, D. C.
JOHNSON, E. WISE, M. CRAGGS, E. POWLEY, J. TURNBULL, S. W. ATKINSON, A.A.
MULLEN, R. GARDNER, S. GILLEY, N. M. BELL, E. BAXTER, M. FAIRS, P. L. TROTTER,
J. J. DUNCAN, M. M. HARRISON (Temporary, Part-time—resigned 16.1.57), M.
McMANEMY (commenced 1.8.57).*

Student Health Visitor—M. B. MAIN (commenced training 16.9.57).

Nursing Assistants—M. COATES, W. CRAIG, P. M. JACKSON.

Tuberculosis Nurses—E. FRY, J. HEATLEY.

Non-medical Supervisor of Midwives—M. BOLAM.

*Municipal Midwives—D. E. BELL, E. BENDIN, A. FALDON, L. OTTAWAY (retired 1.11.57),
S. POOLE, S. STEWART, M. DOBSON, B. MENHAMS, E. TORRINGTON, A. W. HAVERY,
J. TAYLOR (commenced 1.11.57).*

Matrons of Day Nurseries—L. DONNELLY, I. JACKSON, E. SMITH.

Supervisor of Domestic Helps—MRS. S. MAITLAND.

Assistant Supervisor—MRS. J. McDONAGH.

Duly Authorised Officers (Mental Welfare)—C. MITCHELL, MISS A. OGDEN, L. M. GRAY.

Occupation Centre—Supervisor—MISS M. N. McDERMOTT.

*Assistant Supervisors—MRS. M. E. D. MOORE, MRS. M. STEWART (nee Barton), MRS.
M. TAYLOR.*

*Clerical Staff—N. CRAIG, R. A. SUTTON, A. BALDOCK, MISS P. NEILSON, MISS E. JONES,
MISS M. ATKINSON, MRS. M. WATSON, MRS. A. SMITH (nee Lorimer), MISS N.
SCOTT, MRS. H. SCOTT, R. W. E. BRATTON, MR. S. RENFORTH, MR. S. MARCHANT,
MISS S. CORBITT (resigned 22.3.57), MISS M. H. JOBES, MISS D. ATKINSON, MISS
J. MCGILL (commenced 13.5.57, resigned 27.7.57), MISS E. GILHESPIE (commenced
26.8.57).*

*Welfare Food Distributors—MRS. J. NOBLE, MISS E. A. HUNTER, MRS. E. L. HURST
(nee Bowman).*

**Continuing to serve part-time the Local Hospital Service.*

bulance Officer—J. W. NESBIT.

puty Ambulance Officer—H. D. FLETCHER.

etaker, Health Centre—W. A. ROBB.

2. STAFF OF PUBLIC HEALTH INSPECTOR'S DEPARTMENT

ef Public Health Inspector and Chief Inspector for the Diseases of Animals Acts—
J. P. LAVENDER*†

puty Chief Public Health Inspector and Senior Food and Drugs Inspector—G.
CHARLTON*†

ior Public Health Inspectors—G. T. NEILSON*† (Housing Inspector), J. HIGGINS*†
(Factories Inspector).

istrict Public Health Inspectors—P. McKENNA*† (resigned 13.2.57), O. BURNS*†
(resigned 3.10.57), T. J. WESTGARTH,*† R. W. THIRKELL*† (resigned 31.12.57),
E. SOADY* (appointed 1.4.57). Three vacancies unfilled during the year.

olic Analyst—W. GORDON CAREY, F.I.C.

erical Staff—H. GIBSON, M. GRAY, MRS. E. SUTTON, J. B. LAWS (resigned 30.3.57).

dent Operators—I. RUTTER (Senior), J. BAINBRIDGE, B. COCKBURN.

sinfestor—J. FREEMAN.

**Public Health Inspectors Certificate.*

†*Meat and Food Inspectors Certificate*

3. STAFF SHARED BY THE LOCAL AUTHORITY AND THE REGIONAL HOSPITAL BOARD

*inical Tuberculosis Officer (Chest Physician) and Medical Superintendent, Whinney
House Hospital*—S. D. ROWLANDS, M.D., B.S., B.HY., D.P.H.

est Physician—E. L. FEINMANN, M.B., CH.B., M.R.C.P.

ssistant Chest Physician—K. M. MARTISCHNIG, M.D., M.B., B.S.

4. HOSPITAL STAFF GIVING SERVICE AT LOCAL AUTHORITY CLINICS

phthalmic Surgeons—H. V. INGRAM, M.B., B.S., D.O.M.S., M.R.C.S., L.R.C.P., J. S. ARKLE,
F.R.C.S.

orthopaedic Surgeon—A. E. BREMNER, M.B., CH.B., F.R.C.S.

emedial Gymnast—T. MIDGLEY, M.S.R.G.

lerts (Chest Clinic)—B. ARMATAGE, MISS W. O'KANE.

To the Mayor, Aldermen and Councillors of the County Borough of Gateshead

It is my duty once again to present the annual report on the public health of the County Borough of Gateshead. By the Sanitary Officers (Outside London) Regulations, a medical officer of health shall inform himself as far as possible on all matters affecting or likely to affect the public health and be prepared to advise the local authority thereon. He must also report each year on the health of his area and on any other related matter he considers desirable and supply such other relevant information as may be required from time to time by the Minister of Health.

In the year under review the vital statistics of the Borough emerged among the best ever recorded. The infant mortality rate is the lowest ever for the town, although it lags a little behind other surrounding areas, as does the tuberculosis death rate. The general death rate has remained more or less stationary since 1952, while the mortality from infectious diseases and tuberculosis has declined to a minimal level. It is quite otherwise, however, with the deaths from cancer, now responsible for roughly one fifth of all deaths, and the deaths from diseases of the heart and circulation, responsible for nearly half the deaths. The most serious feature of these statistics is the continual decline of population of the Borough, which is now entirely due to the rehousing of displaced citizens in the adjoining areas of Felling and Whickham. These areas have in consequence grown at the expense of the Borough's population. This is a tendency that will continue, due to the shortage of building sites inside the Borough coupled with the necessity to continue with a fairly large programme of slum clearance over the next fifteen years.

It is good to be able to record that the clearance of the very large Chandless Area is well up to time, if not in advance of the estimate. As soon as there is a prospect of rehousing the tenants, other clearance areas will be represented to the council in the effort to rid the area of the most unhealthy of its dwellings.

Closely interwoven with the movement of the population, mainly of the young and the middle-aged with families, is the change in the age distribution of the population resulting from the survival of so many people over pensionable age. The position in the town at present approximates to the average for the whole country, but the continued emigration of parents with young families will distort and exaggerate the existing bias of age distribution towards the elderly and dependent groups. This, of course, means that the demands of the elderly on the social services are likely to be extremely heavy in Gateshead. The home help and district nursing service is already fully extended in coping with the problem which is not helped by the relative shortage of welfare hostel accommodation and geriatric beds in the local hospital group.

The Local Authority has its responsibilities in matters of mental health, a field which covers mental dysfunction and abnormality, mental decay and the failure of the mind to develop. Responsibility in this connection is not comprehensive, for the problems of treatment and after-care of mental illness is a function of the regional hospital board.

with its committees and specialist staff. It is evident, however, from the figures that there has either been an increase in the amount of mental disorder or that more and more people are having mental treatment on a voluntary basis for conditions which apparently were not treated by specialists in the days before the Act. Attention is therefore directed to the recent Royal Commission on the law relating to mental illness and mental deficiency, wherein it is recommended that local authorities should play an increasing part in the care of mental patients and in the supervision of mental defectives in local authority hostels and homes.

The much heralded Clean Air Act has so far not been implemented in Gateshead. So far as smoke control is concerned, it is felt by the officers that more progress can be made from the slum clearance and rehousing activities in the northern part of the Borough than would be possible under the Clean Air Act, for the new blocks of flats which are being provided are essentially smokeless dwellings. It should ultimately be possible to join these areas of rehousing development together to make a 'smoke control area' which will be easily and economically administered.

The public health movement has been a thing of gradual and slow evolution, with rare and revolutionary eruptions into new spheres of activity backed by the compulsory powers of Parliament. It was thus that such essentials as the provision of infectious diseases hospitals, the notification and ensuing supervision of infectious diseases, and the maintenance of satisfactory standards of purity and cleanliness in the food supply were achieved. In this century, however, attention has gradually been turning towards the habits and behaviour of the members of the community themselves in the effort to raise resistance and so provide safeguards against disease in the widest sense. That poverty and the environment which goes with it played a great part in the genesis of disease had always been apparent, but it was left to our generation to attack the vicious circles around poverty, illness and unemployment. At this stage of development, the movement which began as public health and continued as preventive medicine acquired a new conception, that of social medicine, a somewhat ill-defined sphere in which the medical and sanitary training of the specialist is no longer supreme or necessary. This field of social reform may also embrace the activities of others such as lawyers, clergy, politicians and sociologists of all kinds, and these diverge widely in their fundamental approach and in the methods of application of their principles. Into this field the practitioner of preventive medicine is rather loathe to enter, saving only to point to the ever evident truism that material wealth and prosperity do not necessarily make for human happiness. One is constantly coming against the problems of the broken home and the problem family. One realises also that much use is made of the modern facilities for borrowing in order to acquire material possessions, which of course have ultimately to be paid for in full. However easy or useful it may be to acquire possessions on mortgage, it should be made impossible for persons who have been afforded credit facilities to convert these into lesser amounts of hard cash which is promptly spent to leave a debt which may grow like a snowball with each repetition of the practice. It is my information that this type of activity often lies at the root of domestic

misery in some working class families, and I do no more than draw attention to it as an important factor in social life.

Many persons, both without and within the department have contributed to the work described in this report. To the members of the Council and the Health Committee one is grateful for their continued confidence and trust, mentioning especially Alderman P. S. Hancock, Chairman of the Health Committee and Alderman J. T. Etherington, Vice-Chairman. To other chief officers and departmental heads I owe a sincere acknowledgment of help and assistance. Within the department I must point to the team work which has united the professional and clerical members of the staff.

In 1957, Mr. Mears, the Chief Public Health Inspector, retired, and was succeeded by his Deputy Mr. J. P. Lavender, who, like Mr. Mears, has had a very lengthy period of service in the department. This made possible the internal promotion of Mr. George Charlton to be Deputy Chief Public Health Inspector.

In 1958 we are to lose the services of Dr. Margaret Herbst, who has been Deputy Medical Officer of Health since 1936 and who has served in the health department for over 30 years. Dr. Herbst has been a tower of strength in the department and an extremely highly respected public figure in the town. To her I have been greatly indebted for her loyalty and assistance throughout my service in Gateshead.

Mr. Whitehouse, the Chief Dental Officer, has also continued with a fully maintained staff to serve the school children and mothers of the town.

Mention of these senior officers brings one to the rank and file of the service, and here one must point out staff shortages which handicap the work. The public health inspectorate has been seriously reduced so that only a little more than half the positions are filled, and it is fortunate indeed that it is the more experienced officers who have stayed in the service of the Corporation, for otherwise the work would not be done. The health visiting staff is also under strength and must remain so in present circumstances until we have trained student health visitors. It has been difficult, too, to keep up the medical and dental establishment, but on the whole the department has done fairly well in this regard. We have been completely without the services of a physiotherapist during 1957, and there is a threat to the strength of the midwifery service, as the older midwives first taken into employment in 1936 approach their retiring age and have to be replaced. The truth must be faced that the local authorities and other public services are now having to compete against private and commercial interests for the man and woman power of the country.

Your obedient Servant,

JAMES GRANT,

Medical Officer of Health,

PART I

NATURAL AND SOCIAL CONDITIONS
OF THE BOROUGH

A. General Remarks

Living in Gateshead, it is sometimes difficult to appreciate the great contemporary changes that are occurring in the northern half of the town, but over a period of years the trend of the changes becomes apparent. From the Newcastle side, an important change on the horizon will be the new shape given by the erection of the multiple storeyed flats, the flat roofs of which will dominate the skyline. In the Borough itself, something has been done to reshape the area east of the old High Street, where the rows of flatted two-storeyed houses have given way to the large blocks of flats, thus abolishing much of the apparent congestion and crowding of the area. The demolition of the very large Chandless Slum Clearance Area has proceeded much faster than anticipated, thanks to the emphasis on the rehousing of tenants from slum clearance houses as opposed to tenants from the list of applicants kept in the housing department. It may be said that the only obstacle to the drastic and complete metamorphosis of High Street, West Street and adjacent areas is the need for new housing developments to receive the population that would be decanted. As a next step in this process, in 1957 a considerable part of Melbourne Street was represented as a clearance area, with the object of introducing a fifth block of flats alongside those already erected in the Barn Close Area. Similarly it has been decided to attempt the early clearance of Ellison Street as a way of developing the very valuable commercial centre of the town. These changes in the housing of the people will probably be of increasing significance as the new trunk road called the Sunderland Road By-pass, projected for so many years, begins to be developed. In these developments there is a chance for the Local Authority to give to the town a much more extensive and imposing business centre, without many of the drawbacks that now attend on people shopping in the large stores of central Newcastle.

It is sad to record the continual loss of population from Gateshead, which is entirely due to the decantation of population into the new housing schemes in the adjoining area of Felling, and not due to any marked emigration from the area, which is enjoying a period of full employment, thanks to the prosperous state of the riverside heavy industries and the newer light industries which have been introduced into the area. In 1957, there were 251 families rehoused in the Felling area, making an estimated population of 1,000 lost to Gateshead and gained by Felling.

As these changes occur, it becomes more and more impossible to distinguish the boundaries of the County Borough from those of the adjoining urban districts. At various points, one passes without any break of continuity from the Gateshead area into the Felling or Whickham Urban Districts and the Borough housing developments are now beginning to link up with areas of housing development in the Chester-le-Street rural district and the Washington Urban District. The present boundaries of the local sanitary authorities on the south Tyneside area

are no longer logical or relevant to modern circumstances. At a time when economy and efficiency are important in the public services, it seems quite irrational to have what would appear to be one self-contained town divided between one major authority and four minor authorities subject to a major authority based on a town fourteen miles distant. In proof of this statement, one would point to the developments that are taking place in the Lbley Hill and Whickham Highway area, where Gateshead housing developments in one field are being matched by corresponding Whickham developments in an adjoining field without much mutual consultation between the authorities concerned, although the people in these areas, separated by only a few yards, will obviously require many necessary public services. A similar state of affairs is also going to arise at the junction of the recently extended part of the Borough and the southern part of the Felling area.

The combined effects of full employment, affecting also many married women and of the changing age distribution of the population continue to exacerbate the great local problem of the care and welfare of the aged, which is probably the most difficult task presenting itself to the Local Authority.

Accidents

The speed of life in these days and the failure to develop adequate media for road transport is accompanied by many accidents, both fatal and non-fatal. In 1957, the police reported 305 road accidents involving personal injury, as a result of which 10 persons were killed, 64 seriously injured and 282 slightly injured. The number of persons killed was double that of the previous year and included three very young children, one school child, two adult males and four elderly females. An analysis of the emergency calls attended in 1957 by the municipal ambulance services shows that 1,320 patients were removed to hospital. Of these 523 were accidentally injured and 228 were suddenly taken ill in the street, a total of 751. 178 persons were injured at home and 52 were suddenly taken ill, a total of 230. 281 persons were injured at work and 58 were taken ill at work, a total of 339. Classifying these calls still further, it appears that 21 persons were burned at home, one in the street and 9 at work. Cuts and wounds were sustained by 82 people in the home, 321 in the streets and 125 at work. Fractures were sustained by 20 persons in the home, 59 in the street and 23 at work. Other emergencies in the home numbered 55, in the street 142 and at work 124. In 26 of these calls, the patient transported was certified dead in hospital, in most cases after a sudden collapse. Altogether the ambulance emergency calls related to 913 males and 407 females.

Studying the death returns of 1957, accidental deaths of Borough residents numbered 40, of which 8 were motor accidents, involving 6 males aged from 2-39 years and two women aged 70 and 76 respectively. The other 32 accidental deaths were met by 18 falls (8 males and 10 females), 6 burns or scalds (3 males and 3 females), one male crushed at work, one aircraft accident involving a male (inward transfer), 2 deaths from drowning, one death from barbiturate poisoning in a female, one

death from a staphylococcal septicaemia from a slight wound infection sustained at work, one death of an infant from inadvertent asphyxia and a middle-aged woman died from accidental inhalation of the vomit.

The figures quoted in the foregoing paragraphs all give much point to the various campaigns for the prevention of accidents. There is no doubt that the majority of the events listed were foreseeable and preventable. Special emphasis must be placed on the frequency of falls, which ultimately prove fatal in the elderly members of the community. The elderly were involved in 50 per cent. of the 40 accidental deaths.

B. Climatic Conditions

A summarised meteorological report for the year 1957 is given herewith. The readings are taken at Sheriff Hill Hospital by the Hospital Engineer, Mr. R. H. Chesney, who acts as observer. In 1957, the weather was poor and there were only 1443.8 hours of sunshine, a similar figure to that of 1956, both the last two years comparing very badly with the high figure of 1,700 hours, the total sunshine for 1955. On the other hand, 1957 was not a wet year, but the rainy months were most unfortunately the summer months, and August emerged as the wettest month followed by September and July respectively. Snowfalls occurred in January and February only.

The sunshine record of 1,443.8 hours for the year is to be compared with the figure of 953.2 hours at King's College, Newcastle, and 1,395 hours at Cockle Park. It is thus obvious that the inhabitants of the lower part of Tyneside, *i.e.* the areas of Newcastle and Gateshead fringing the river, lose nearly one third of the total sunshine available as a result of the interposition of the blanket of smoke which lies over the river and adjoining areas.

C. Social Conditions

Unemployment

I am indebted to Mr. J. O'Dair, Manager of the Windmill Hills Employment Exchange, for the figures relating to unemployed persons at the end of 1957. These were 606 men, 293 women, 8 boys and 7 girls, a total of 914, as compared with 956 in 1956 and 839 in 1955.

Registered disabled persons numbered 2,022, 1,729 being men and 293 women. 268 men and 32 women, a total of 300, were unemployed. Of this number 36 men and 3 women were suitable for employment only under sheltered conditions.

National Assistance

Mr. T. P. L. Bruce, the Area Officer of the Assistance Board, has supplied me with the following information for the year 1957. 5,961 persons were in receipt of National Assistance at the end of the year. These were made up of 370 persons who were unemployed, 910 persons suffering from physical or mental illness, 3,408 pensioners and 406 non-

METEOROLOGICAL REPORT FOR THE YEAR 1957

Month	Temperature (Deg. Fahr.) in Shade				Rainfall		Sunshine (hours)		Mean relative humidity %	Ground frosts	Days of snow.
	Highest Max	Mean Max	Lowest Min	Mean Min	Total in inches	Dry Days	Total hours	Max hours			
January	56	47.1	29	36.4	1.24	8	54.5	6.8	82.4	13	2
February	51	45	26	32.8	2.06	15	102.9	9.2	83.9	10	2
March	65	51.0	32	41.2	.92	17	90.4	11.3	87.0	5	—
April	58	51.7	31	39.8	.40	21	141.3	13.2	74.9	8	—
May	64	54.6	33	42.1	1.84	17	199.5	15.5	72.6	2	—
June	78	63.3	40	48.4	1.59	17	280.6	16.6	66.8	—	—
July	70	64.7	50	53.6	3.65	17	111.8	11.6	79.1	—	7
August	74	62.9	46	52.0	4.6	13	129.4	13.3	79.9	—	—
September	67	57.3	41	46.4	3.8	14	131.9	10.8	80.4	—	—
October	63	55.7	35	44.4	1.58	18	90.8	8.5	80.6	—	—
November	57	47.3	32	39.9	1.63	18	63.7	8.4	84.6	3	—
December	54	43.8	26	34.8	1.64	20	47.0	6.3	86.4	11	—
Totals	78°F. on 28th June	53.7	26°F. on 19th Feb. and 10th and 12th Dec.	42.6	24.95	195	1443.8	16.6 14th Jun.	79.9	52	4

Wind Directions: N 16, NE 40, E 16, SE 31, S 33, SW 76, W 66, NW 84

contributory pensioners and 867 others. In this last group there are included widows under 60, women separated from their husbands, or who have not earned a pension, together with a number of persons of both sexes over the pensionable age who have to wait until they reach the age for entitlement to the old age pensions.

National Insurance Sick Benefit

The weekly return of the number of fresh sickness claims circulated from the local offices of the Ministry of National Insurance show that the number of fresh claims normally received was somewhere between 350 to 500 per week. The year 1957 began with 900 claims in the first week of January, a figure which fell to reach the average in April. In the second week of September, a great increase in the number of claims began, reaching the high figure of 2,030 claims, and subsiding to the average level at the end of October. This acute increase in local sickness was entirely the result of Asian Influenza and the figures quoted were very valuable in helping to assess the trend and duration of the epidemic.

Welfare Services

I am indebted to Mr. R. A. Haysom, Director of Welfare Services, for the following information relevant to his department. There were 265 certified blind persons and 51 others under observation for serious deficiency of vision. There were also 134 persons who were deaf and dumb, and 113 registered as being 'hard of hearing'. In the Fountain View Welfare Hostel there were 310 residents, as compared with 334 at the end of 1956. There were also 13 tenants in the Beacon View Hostel under the supervision of a warden, 17 persons at Birchholme, and 8 families accommodated in Holly House as a result of evictions. Altogether the Welfare Department had the names of 117 physically handicapped persons, of whom 13 were epileptic and 2 were spastics.

Deprived Children

Miss Duffey, the Children's Officer, has supplied the information that there were 202 children in the care of the Children's Committee at the end of 1957, and an additional 22 children from the Borough were accommodated in approved schools. 55 of these children were maintained in residential nurseries and homes, 86 were boarded out, 16 were under supervision, 7 boys and 5 girls were accommodated in the respective hostels for working boys and girls, 29 children were in voluntary homes and 4 in attendance at special schools.

Institutional Facilities for the Aged and Infirm

The difficulties encountered in dealing with the aged and infirm in the Borough still continue. It is not felt locally that there has been any substantial change in the hospital accommodation of the aged as the result of the Dunston Hill Ministry of Pensions Hospital being incorporated in the local facilities. On the other hand, a certain number of additional beds were made available for the geriatric sick in the former Whinney House Sanatorium, which at the end of the year was to undergo extensive alteration to provide more beds for the geriatric cases, in addition to the 25 beds already available.

D. General Statistics of the Area

Population (estimated by Registrar General 1957) (includes added area)	110,900
Area of Borough (in acres)	4,559
Population of present Borough (Census 1931) (includes added area)	124,545
Population of present Borough (Census 1951)	115,039
Number of Inhabited Houses (Valuation Lists)	34,282
Density of Population per acre	24.3
Number of persons per inhabited house	3.23
Rateable value at 1st April, 1957	£1,003,105
Estimated product of penny rate, 1957/58	£3,760
Rate in the £ levied 1957-58	23/6d.

E. Vital Statistics for 1957

<i>Live Births</i>		<i>Males Females</i>		<i>Total</i>	<i>Rate</i>
Legitimate	.. ..	1,009	978	1,987	
Illegitimate	.. ..	36	41	77	
		1,045	1,019	2,064	18.6 per 1,000 of population (area comparability factor 0.96)
<i>Still Births</i>					
Legitimate	.. ..	28	30	58	
Illegitimate	.. ..	1	1	2	
		29	31	60	28.2 per 1,000 total births.
<i>Deaths</i>	.. ..	674	603	1,277	11.5 per 1,000 of population (area comparability factor 1.19)
<i>Excess of Births over Deaths</i>		371	416	787	
<i>Infantile Mortality</i>					
Legitimate	.. ..	31	24	55	27.6 per 1,000 live legitimate births
Illegitimate	.. ..	1	1	2	25.9 per 1,000 live illegitimate births
		32	25	57	27.6 per 1,000 live births.
<i>Maternal Mortality</i> (Criminal) Abortion	.. ..		1	1	.47 per 1,000 total births.
<i>Deaths from Tuberculosis</i>					
Pulmonary	.. ..	11	8	19	.171 per 1,000 of population
Non-pulmonary	.. ..	1	—	1	.009 per 1,000 of population
		12	8	20	.18 per 1,000 of population
<i>Deaths from Epidemic Diseases</i>					
Meningococcal Infections		1	—	1	
Gastritis, Enteritis (under 2 years)	.. ..	2	—	2	
		3	—	3	.027 per 1,000 of population
<i>Deaths from Cancer</i>	.. ..	119	96	215	1.93 per 1,000 of population

Population

The continual decline of population in Gateshead should be a matter of great concern. Its economic repercussions would be that the burden on the social services, which cannot be reduced because of a gradually lessening population, has to be spread nevertheless over fewer people. At the same time, much of the loss of population in post-war years has been by way of overspill into adjoining areas on the fringe of the Borough.

In spite of the loss of population, the number of inhabited houses, according to the valuation lists, continues to increase, but there is a little change in the density of population per acre. Although during the financial and economic depression the tendency in all the Tyneside areas was towards emigration the following figures relative to the populations of Gateshead and its adjoining areas are worthy of citation.

	<i>Registrar General's Estimate 1957</i>	<i>Census 1951</i>	<i>Census 1931</i>	<i>Census 1921</i>
Gateshead ..	110,900	115,039	124,545	125,142
Felling U.D. ..	28,540	25,284	27,040	26,145
Whickham ..	23,860	23,148	20,756	19,155

Births

The birth rate of 18.6 per 1,000 of population is the highest since 1951, and has to be compared with the national rate of 16.1 in 1957.

The stillbirth rate of 28.2 per 1,000 total births is a further small improvement on the figure of the previous year.

The illegitimate births formed 3.7 per cent. of the total births in 1957.

Deaths

The death rate of 11.5 represents but little change from the figure for 1956, namely 11.4, which is the same as the national rate in 1957.

In 1957, the infantile mortality rate of 27.6 per 1,000 live births is the lowest ever recorded in Gateshead, although it is considerably higher than 23.0, which is the national rate in 1957.

The principal causes of prematurity were:—

Prematurity	18
Congenital malformations ..	13
Asphyxia and atelectasis ..	5
Pneumonia	8
Haemorrhagic disease ..	2
Gastro-enteritis	2
Pneumococcal meningitis ..	2
Meningococcal infection ..	1
Influenza	1
Other causes	5

The deaths noted from congenital malformations are not, in the present state of our knowledge preventable, and mainly occur in the first months of life. The factor of prematurity operates in a similar fashion, but the causes are obscure and have so far not been susceptible of prevention.

Maternal mortality was restricted to one death from criminal abortion. In my opinion such deaths should be ascribed to violence and not to maternal causes. The person responsible for this death was subsequently convicted of manslaughter.

So far as the general population was concerned, the killing diseases were:—

Diseases of the heart and circulation (heart disease 388, vascular lesions of nervous system 162, other circulatory disease 52)	..	..	..	..	..	602 (47.1%)
Cancer	..	..	..	..	..	215 (16.8%)
Pneumonia and other respiratory infections	..	..	..	..	..	182 (14.2%)
Tuberculosis—all forms	..	..	..	..	..	20
Ulcer of stomach—duodenum	..	..	..	..	..	14
Notifiable infectious diseases—						
Meningococcal infection	..	..	..	..	..	1
Motor vehicle accidents	..	..	..	..	..	8
All other accidents	..	..	..	..	..	32
Suicide	..	..	..	..	..	14

803 of the deaths occurred in persons over the age of 65 years, *i.e.* 63.2 per cent. The average age at death was 65.03, as compared with 65.4 in 1956.

The number of deaths from tuberculosis is the same as last year, both being the lowest recorded in the Borough.

The deaths from epidemic diseases were also extremely low, if one excludes the deaths from influenza which, according to the death certificates, numbered 17. It is possible that some of the deaths ascribed to pneumonia originated with influenzal infection.

The deaths from cancer, totalling 215, are analysed below, with the sites of the disease.

<i>Age Distribution</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
0-15 years	—	—	—
15-25 years	—	—	—
25-45 years	6	2	8
45-65 years	57	39	96
65-75 years	34	27	61
75 years and over ..	22	28	50
	119	96	215

Site of the Disease

Larynx	1	—	1
Maxilla	—	—	—
Lip	—	—	—
Tongue	2	—	2
Mouth	—	—	—
Throat	—	—	—
Oesophagus	5	4	9
Stomach	21	12	33
Intestine (small) ..	1	—	1
Caecum, colon	7	7	14
Rectum	7	6	13
Gall Bladder	—	3	3

<i>Site of the Disease</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Liver	—	—	—
Pancreas	4	6	10
Peritoneum	1	—	1
Lung, bronchus	53	8	61
Mediastinum	—	—	—
Breast	—	17	17
Cervix uteri	—	13	13
Ovary	—	6	6
Vulva	—	—	—
Prostate	5	—	5
Testis	1	—	1
Kidney	2	1	3
Bladder	3	1	4
Brain	2	—	2
Other and unspecified sites	4	12	16
	119	96	215

Attention is drawn to the continually increasing number of deaths each year from cancer of the lung. At one time the facts were sometimes explained on the basis that diagnosis had been obscured in past years by the presence of pneumonia, which figured in death certificates as the cause. Another possible explanation of the apparent increase was the more extended use of x-rays. But as the years have passed since 1948 with roughly the same facilities available for accurate diagnosis, it is becoming obvious that the apparent increase is a real one. There is no doubt whatever that some factor is operating as a local irritant in producing malignant disease of the lung tissues. Two factors have been adduced as a common explanation of this increase. One factor, the inhalation of tobacco smoke, especially cigarette smoke, has been incriminated as the cause for the great frequency with which men are affected by this disease as compared with women. The other possible cause arises from the pollution of the atmosphere over the great towns. There is no doubt that Gateshead, in common with the other towns along both banks of the River Tyne, suffers very badly from the discharge of the combustion products of coal into the atmosphere, to hang as a visible pall about 400 feet high above the homes of the people.

Smoke consists of incompletely combusted material of a diverse chemical nature, along with inevitable irritant gases such as sulphur dioxide. The presence of the benzpyrenes in smoke has been fully proven, and that these substances are carcinogenic has also been experimentally proved. An eminent authority, in the person of Professor F. C. Pybus, Emeritus Professor of Surgery in King's College, has postulated that it is the carcinogens of smoke which, by contact with the skin produce skin cancers, by inhalation produce lung cancer, by ingestion produce abdominal cancers and by absorption produce the malignant diseases of the circulatory system, such as leukaemia. No one has yet challenged the general relevance of this thesis, which should serve as a stimulus to the local authorities of Tyneside to carry out their duties in the implementation of the Clean Air Act.

It is of interest to summarise the local experience of mortality from lung cancer, which is given in the table below:—

<i>Year</i>	<i>Total</i>	<i>Year</i>	<i>Total</i>	<i>Year</i>	<i>Total</i>	<i>Year</i>	<i>Total</i>
1957	61	1951	31	1945	17	1939	16
1956	43	1950	40	1944	13	1938	10
1955	53	1949	23	1943	17	1937	5
1954	46	1948	29	1942	20	1936	8
1953	41	1947	33	1941	18		
1952	43	1946	18	1940	12		

COMPARABLE STATISTICS FOR GATESHEAD AND NEIGHBOURING AUTHORITIES, 1957

	<i>New- castle</i>	<i>Gates- head</i>	<i>South Shields</i>	<i>Sunder- land</i>	<i>Tyne- mouth</i>	<i>North- umber- land</i>	<i>Durham</i>
Population	275,100	110,900	108,300	183,800	68,000	463,900	928,800
Birth rate (adjusted)	17.44	17.8	18.15	20.43	17.31	16.51	17.8
Death rate (adjusted)	14.07	13.6	14.01	12.91	13.26	12.52	13.7
Infantile mortality rate	23.21	27.6	23.2	24.78	27.42	23.51	27.08
Neonatal mortality rate	16.21	18.4	14.66	17.53	18.55	16.93	17.8
Maternal mortality rate	0.19	0.47	—	—	0.80	0.76	0.57
Tuberculosis death rate	0.13	0.18	0.18	0.1	0.11	0.071	0.14
Cancer death rate	2.36	2.00	2.29	1.79	2.30	1.93	1.92

F. Ward Statistics

As from February, 1957, the distribution of the wards of the Borough was changed and the number increased from ten to twelve. In this circumstance, it is no longer possible to make any comparisons in the ward statistics. It is hoped that in 1958 complete figures will be available, but it will be difficult to base the statistical rates on populations which will require to be estimated.

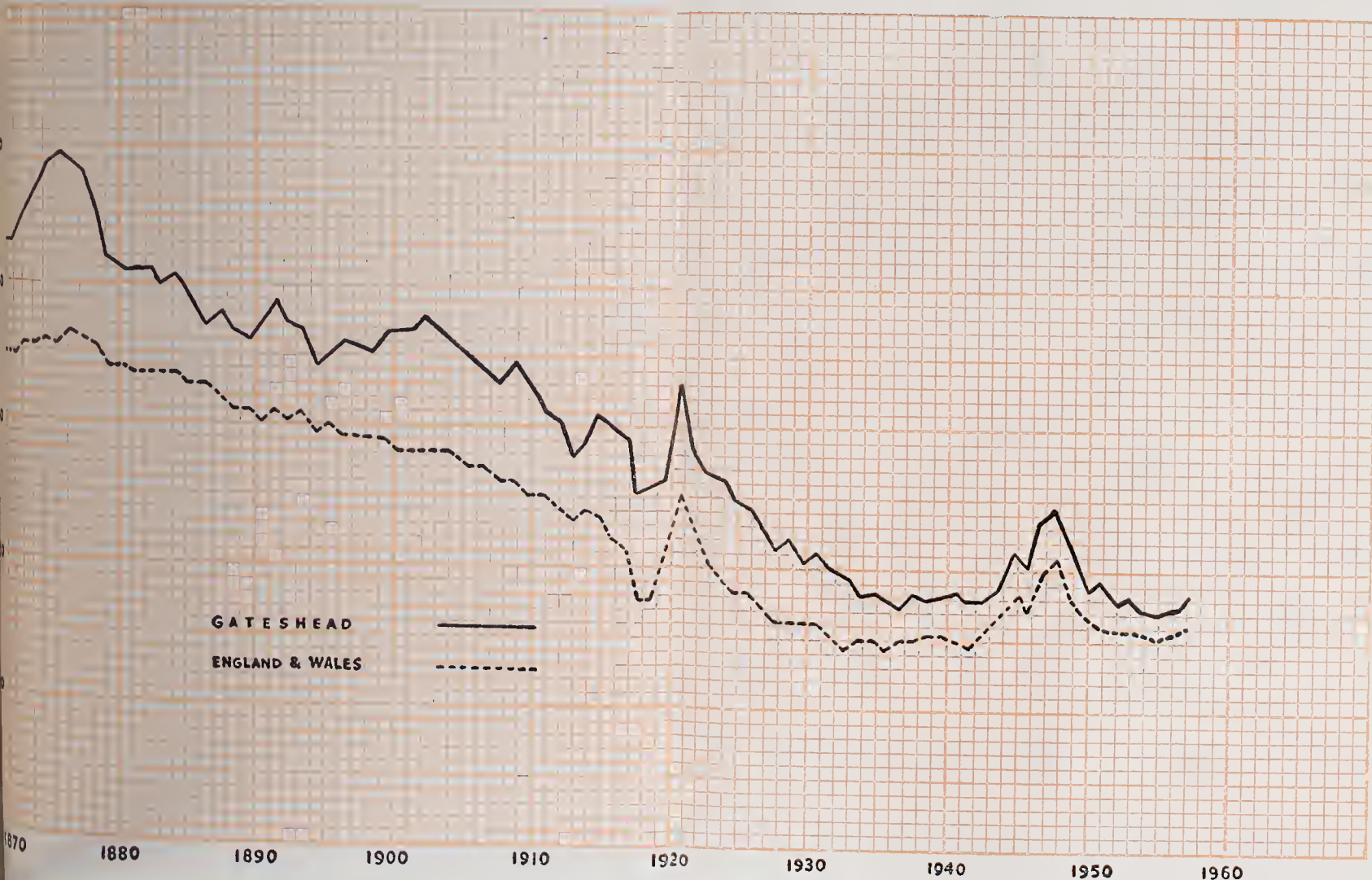
County Borough of Gateshead

BIRTH RATES per 1,000 population

1871 - 1957

AVERAGE BIRTH RATES

1871-1880 45.3	1881-1890 38.6	1891-1900 36.0	1901-1910 34.8	1911-1920 28.7	1921-1930 24.0	1931-1940 18.1	1941-1950 20.1
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County Borough of Gateshead

DEATH RATES per 1,000 population

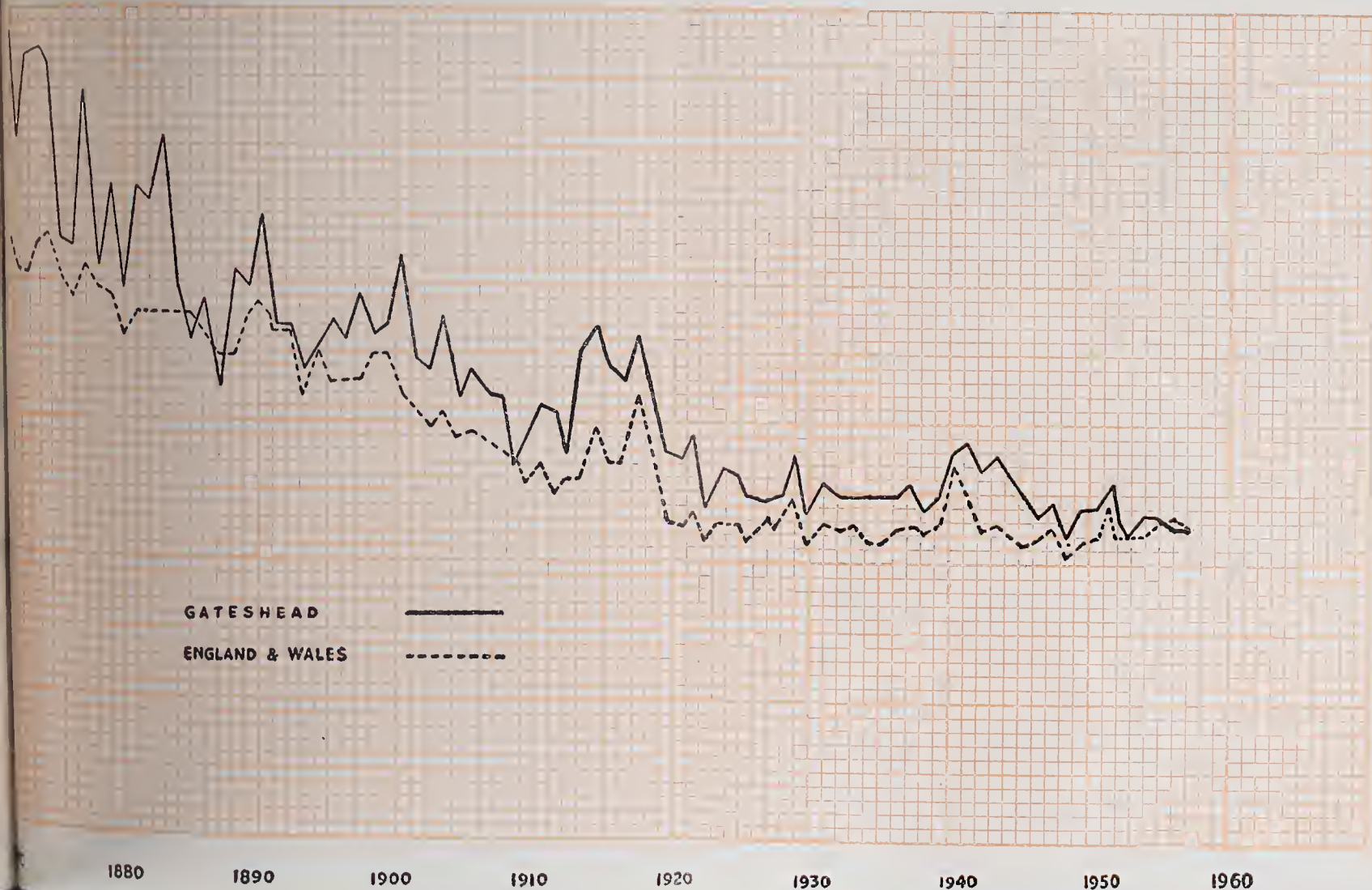
(at all ages and from all causes)

1871 - 1957

AVERAGE DEATH RATES

1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1930	1931-1940	1941-1950
26.1	21.3	19.4	17.4	16.9	13.7	13.1	13.1

per
1000



2. Statistical Rates for the last ten years

	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948
Population	110900	111900	113200	113610	113500	114600	114700	115500	114910	115100
Births:										
Uncorrected number	2476	2354	2244	2291	2353	2224	2392	2338	2330	2514
Net number	2064	1951	1916	1951	2033	1993	2185	2117	2265	2439
Birth rate per 1,000 pop.	18.6	17.4	16.9	17.1	17.9	17.3	19.0	18.3	19.7	21.1
Deaths:										
Registered	1381	1395	1497	1449	1372	1402	1554	1502	1497	1270
Crude rate	12.4	12.4	13.2	12.7	12.0	12.2	13.5	13.0	13.0	11.0
Transfer out	229	245	254	230	181	195	182	188	159	66
Transfer in	125	130	105	129	109	143	148	144	106	112
Net number	1277	1280	1348	1348	1300	1350	1520	1458	1444	1316
Death rate per 1,000 pop.	11.5	11.4	11.9	11.8	11.4	11.7	13.2	12.6	12.5	11.4
Infantile mortality:										
Deaths	57	56	59	56	67	82	96	101	110	96
Rate per 1,000 live births	27.6	28.7	30.7	28.7	32.9	41.4	43.9	47.7	48.0	39.0
Maternal death rate per 1,000 total births	.47	.99	2.01	2.49	0.47	Nil	1.34	0.46	Nil	0.08
Tuberculosis death rate	.18	.17	0.22	0.36	0.27	0.42	0.5	0.64	0.87	1.01
Symptomatic death rate	.027	0.017	0.026	0.017	0.02	0.02	0.06	0.17	0.17	0.14
Cancer death rate	1.93	1.79	2.25	2.0	2.0	2.0	1.79	1.93	1.89	1.7

PART II

HEALTH SERVICES OF THE AREA

Although basically, the health services of the area remain as they were when the National Health Service began in 1948, there have been various minor developments and re-adjustments since that time, largely due to the changing incidence of disease and the ageing of the population. No doubt many other developments would take place were it not for the financial outlay involved. As a ceiling has been fixed by parliament to the expenditure on the National Health Service, many obvious improvements and alterations cannot take place.

In 1957, the upper floor of Whinney House was cleared of the remaining tuberculosis cases, so that this hospital became a geriatric unit, which will ultimately provide, after certain minor alterations, something like 60 beds to supplement the chronic medical provision available at Bensham Hospital. There is no doubt that the opening of this hospital for the purpose indicated will be of immense benefit to the local authority of Gateshead in relieving them of some of the burden of the chronic sick who are meantime cared for in the Fountain View Welfare Hostel.

Dunston Hill Hospital, formerly the Ministry of Pensions Hospital, which was added to the group of hospitals in 1956, has not provided much additional accommodation for geriatric purposes, but it has definitely improved the facilities available for inhabitants of the area covered by the Hospital Management Committee. It is, however, to be observed that this hospital caters to quite a considerable degree for persons coming from Northumberland, Newcastle, and parts of the Durham area outside the area of the Hospital Management Committee.

The three local bodies concerned with the health services, namely the Hospital Management Committee, the Local Executive Council and the Local Health and Welfare Authority, do work together well in an attempt to solve problems which they have in common. Only one of these bodies is, however, democratically elected, while the Hospital Management Committee has its responsibility primarily to the Regional Hospital Board, an Authority charged with very wide powers over a region extending from Berwick on Tweed on the north to part of the North Riding of Yorkshire in the south, and to Cumberland on the west. With such an area of responsibility, the Regional Hospital Board can fairly be excused if, at times, they prefer to spend such capital money as is available on hospitals outside the Gateshead area. It must, however, be repeated that the Queen Elizabeth Hospital, planned by Gateshead in the years before the war, has never yet been completed to the first stage of 250 beds for general hospital purposes for the people of Gateshead. There is little doubt that had the Local Health Authority continued to manage this hospital the scheme would have been completed long ago.

A. HOSPITAL AND SPECIALIST SERVICES

(Part II of the National Health Service Act, 1946)

1. Hospital Services

A list of the hospital admissions of Gateshead residents in 1957 is subjoined. Substantially the numbers show very little change from the figures that were applicable in 1952 and 1953, with the exception perhaps of the number of admissions to St. Mary's Hospital, Stannington. It appears then that the number of admissions to hospital are becoming static, and it is evident that patients are being admitted much more freely to mental hospitals as voluntary patients, a trend that will no doubt continue.

<i>Hospital</i>	<i>Gateshead admissions during 1957</i>	<i>Hospital Management Committee</i>
Bensham General Hospital	2,456	Gateshead and District
Queen Elizabeth Hospital	2,887	do.
Sheriff Hill I.D. Hospital	975	do.
Whickham and District War Memorial Hospital	318	do.
Gateshead Children's Hospital ..	636	do.
Whinney House Hospital	68	do.
Normans Riding Hospital	193	do.
Dunston Hill Hospital	355	(figures available from April, 1957)
Clinics: Chest, Gateshead		
Chest, Whickham		
Newcastle General Hospital	457	Newcastle upon Tyne
Hospital for Sick Children (Fleming Memorial)	137	do.
Ear, Nose and Throat Hospital ..	90	do.
W. J. Sanderson Orthopaedic Hospital	2	do.
Walker Gate Hospital	183	do.
Town Moor I.D. Hospital	—	
Royal Victoria Infirmary	944	Newcastle upon Tyne United Hospitals Board of Governors
Princess Mary Maternity Hospital ..	50	do.
<i>Mental Hospitals and Institutions</i>		
St. Mary's Hospital, Stannington ..	306	St. Mary's
Prudhoe and Monkton Hospital ..	7	Prudhoe and Monkton
<i>Other Hospitals</i>		
Hexham General Hospital	21	Hexham and District
Wooley Sanatorium	70	do.
Shotley Bridge	114	North West Durham
Poole Sanatorium	1	Cleveland
Stannington Children's Sanatorium ..	11	Wansbeck
Hollywood Hall Sanatorium	11	South West Durham
Seaham Hall Sanatorium	8	Sunderland Area

2. Bacteriology

The very excellent service rendered by the Medical Research Council, in the regional Public Health Laboratory at Newcastle, is exemplified by the long list of specimens examined which could not be attained in any

purely local laboratory. It is thanks to the work of the bacteriologists and virologists that we have much of our present-day freedom from infectious disease and its consequences. The siting of the bacteriological and virological investigations in a building which is also devoted to blood transfusion and to hospital pathology raises a question as to whether it would not also be useful to include an analyst in the Public Health Laboratory Service, and so remove a brake on the frequency with which food and milk are examined chemically. The following list covers the bacteriological work carried out in 1957 on specimens originating in Gateshead:—

(a) *Prevention and Treatment of Diseases:*

Throat swabs for organisms	..	..	88	
Nasal swabs	..	..	3	
Sputa for tubercle bacilli	..	..	1,337	
Other specimens for tubercle bacilli	..		7	
Blood specimens for Widal reaction	..		—	
Faeces for organisms	..	..	3,089	
Urine for organisms	..	..	14	
Eye smears for gonococci	..	..	2	
Cerebro-spinal fluid for organisms	..		—	
Miscellaneous	..	..	3	4,543

(b) *Milk:*

T.T. Milk	..	..	8	
Pasteurised Milk	..	..	108	
T.T. Pasteurised Milk	..	..	33	
Milk for tubercle bacilli for inoculation	..		—	
School milk supply	57	206

(c) <i>Water Supply</i>	13	13
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(d) *Food:*

(Crab, white pudding, black pudding, tinned peas)	4	4
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(e) *Control of Venereal Disease:*

(1) Blood Wassermann Tests:

(i) Practitioners	65	
(ii) Antenatal clinics	1,645	
(iii) V.D. Clinics	731	

(2) Cerebro-spinal fluid:

V.D. Clinics	1	2,442
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Grand Total 7,208

3. *Blood Transfusion Service*

The Regional Headquarters of the Blood Transfusion Service continues to function in the Pathological Unit of the Newcastle General Hospital. The relation to the Local Authority covers principally the sampling of blood in the municipal clinics for expectant mothers, these being examined for blood grouping, rhesus testing and also separately for Wassermann reaction. There is very good co-operation between the blood transfusion service personnel and all the doctors carrying out antenatal work.

B. LOCAL AUTHORITY HEALTH SERVICES

(Part III of the National Health Service Act, 1946)

1. General Remarks

The position of the Local Authority in relation to Part III of the National Health Service Act has inclined towards a period of stabilisation when certain services such as the ambulance service, health visiting, midwifery and mental welfare services are taken very much for granted by practitioners and by the public. Yet there are two trends to be distinguished; one a tendency towards regression by reason of financial pressure and the other a demand for expansion to meet the needs of the citizens of the Welfare State. The former trend is possibly revealed in the local action taken to close the day nurseries and to raise charges to parents for the children catered for within them, while contrariwise, the home help and district nursing service are under an increasing pressure.

To the exponents of preventive as distinct from social medicine, the growing emphasis on the role of the local authority in the production of communal immunity against infectious disease provides great satisfaction. The public health service originated in the war against infectious disease, and it is good that this aim should remain well to the fore in the modern activities of a public health department. It is worth while to remember that immunisation is now offered against five acute infections and one chronic infectious disease, all of which used to take a steady yearly toll of deaths from the community.

2. Clinics and Welfare Facilities (as at 31st December, 1957)

(1) *Greenesfield Health Centre*

School Clinic	..	..	..	9 a.m.-9.30 a.m. daily 4 p.m. daily—except Saturday
Child Welfare Centre	..	..	..	2 p.m.-4.30 p.m.—Tuesday and Thursday.
Ante and Post-Natal Clinic	..	..	..	2 p.m.-4.30 p.m. Wednesday.
Chest Clinic	..	..	..	9 a.m.-5 p.m. daily (Saturday open until 12 noon only).
Dental Clinic	..	..	..	9 a.m.-5 p.m. daily (by appointment). Saturday 9 a.m.-12 noon.
Orthopaedic Clinic	..	..	..	Fortnightly by appointment (orthopaedic treatment daily by appointment).
Ophthalmic Clinic	..	..	..	Tuesday and Saturday mornings by appointment (Orthoptic treatment daily by appointment).
Artificial Sunlight Treatment	..	..	..	Mondays and Thursdays—pre-school children. Tuesdays and Fridays—school children, 2-4 p.m. Saturday—special cases
Immunisation Clinic	..	..	..	Tuesday fortnightly, 2 p.m.-4 p.m. (pre-school children). Saturday, 10 a.m.-12 noon (school children) weekly.

- (2) *Gateshead District Nurses' Home*
 Ante and Post Natal Clinic .. Tuesday, 2 p.m.-4.30 p.m. (District Nursing Association cases only).
- (3) *Bensham Methodist Church Hall*
 Child Welfare Centre 2 p.m.-4.30 p.m. Tuesday and Thursday (medical sessions).
 Immunisation and Vaccination .. 2 p.m.-4 p.m. Tuesday (fortnightly).
- (4) *Low Fell Presbyterian Church Hall*
 Child Welfare Centre 2 p.m.-4.30 p.m. Mondays and Wednesdays (medical sessions).
 Immunisation and Vaccination .. Monthly, 1st Wednesday, 2 p.m.-4 p.m.
- (5) *Moore Street Methodist Church Hall*
 Child Welfare Centre 2 p.m.-4.30 p.m. Monday (medical session).
 Immunisation and Vaccination .. Monthly, last Monday, 2 p.m.-4 p.m.
- (6) *Wrekenton—St. Oswald's Church Hall*
 Child Welfare Centre 2 p.m.-4.0 p.m. Monday.
 Immunisation and Vaccination .. Monthly, 1st Monday, 2 p.m.-4 p.m.
- (7) *Victoria Road Methodist Church Hall*
 Child Welfare Centre 2 p.m.-4.30 p.m. Friday.
 Immunisation and Vaccination .. Monthly, 1st Friday, 2 p.m.-4 p.m.
- (8) *Carr Hill Health Centre*
 Minor Ailments Clinic 9 a.m.-10 a.m. daily
 Child Welfare Centre Wednesday, 2 p.m.-4.30 p.m.
 Immunisation and Vaccination .. Monthly, last Wednesday, 2 p.m.-4 p.m.
- (9) *Lobley Hill, Rowanwood Gardens, All Saints' Church Hall*
 Child Welfare Centre Thursday, 2 p.m.-4.0 p.m.
 Immunisation and Vaccination .. Monthly, 1st Thursday, 2 p.m.-4 p.m.
- (10) *Old Fold Centre, Old Fold Road*
 Child Welfare Centre Friday, 2 p.m.-4.30 p.m.
 Immunisation and Vaccination .. Monthly, last Friday, 2 p.m.-4 p.m.

3. Local Hospitals serving the area (Out-patient consultations)

Queen Elizabeth Hospital

Medicine

Dr. C. N. Armstrong	..	..	Tuesday p.m.
Dr. H. A. Dewar	Friday a.m.
Dr. D. W. Ashby	Tuesday a.m.

Diabetic Clinic

Medical Registrar	Saturday a.m.
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Surgery

Mr. George Y. Feggetter	..	Tuesday p.m.
Mr. J. Henderson	Monday, Thursday and Friday a.m.
Mr. T. H. Tweedy ..	..	Wednesday a.m.

Gynaecology

Mr. D. F. Smith	} Thursday p.m.
Gynaecological Registrar		

Obstetrics

Maternity bookings	Through the Almoner, Queen Elizabeth Hospital
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Orthopaedic

Mr. A. E. Bremner	Wednesday a.m.
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<i>Dermatology</i>	Monday and Friday p.m.
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Psychological Medicine

Dr. J. J. Justice	Thursday a.m.
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*Bensham General Hospital**Medicine*

Dr. D. W. Ashby	Monday, Wednesday and Friday a.m.
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*Whickham Cottage Hospital**Surgery*

Mr. J. Henderson	Friday p.m.
Mr. T. H. Tweedy	Tuesday a.m.

Orthopaedic

Mr. A. E. Bremner	Friday p.m.
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*Children's Hospital**Ear, Nose and Throat*

Mr. R. G. Chaytor	Wednesday a.m.—Adults. Friday p.m.—Children.
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Orthopaedic

Mr. A. E. Bremner	Wednesday a.m. (alternate weeks).
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Radiology

Dr. D. Ramage

Physical Medicine

Dr. J. R. Horler	(Booked through Physiotherapist).
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4. Maternity and Child Welfare

(Report by Dr. M. B. Herbst)

(a) Births

There were 2,064 live births registered during 1957. Of the total live births, 1,045 were males and 1,019 were females. This represents a birth

rate of 18.6 per 1,000 of population, showing an increase of 1.2 per 1,000 from 1956. 77 births (36 males and 41 females), or 3.9 per cent. were illegitimate.

<i>Attended by</i>	<i>No. of live births</i>	<i>No. of still births</i>
Doctors	185	3
Midwives	666	23
Princess Mary Maternity Hospital		
—in wards ..	55	5
Bensham Hospital ..	378	6
Queen Elizabeth Hospital ..	693	21
Craigielea Nursing Home ..	—	—
Other Nursing Homes ..	87	2

In all of the doctors' cases a registered midwife was in attendance as a maternity nurse.

Stillbirths

There were 60 stillbirths during the year. Of these, 29 were males and 31 were females, making a stillbirth rate of 28.2.

31 of the stillbirths were among premature babies.

(b) Infantile Mortality

There were 57 deaths among infants under the age of one year, giving an infantile mortality of 27.6, which is one less than last year. The neonatal death rate was slightly lower than last year. 38 infants died under the age of one month, making a rate of 18.4. 33 infants died during the first week, and of these 18 died during the first 24 hours.

There was an increase in the number of children who died over one month old; there were 19 in all. Of these, 1 died from meningococcal infection, 1 from influenza, 2 from pneumonia, 3 from broncho-pneumonia, 1 from bronchitis, 2 from gastro-enteritis, 3 from congenital malformations, 1 from pneumococcal meningitis, 1 from haemangiomas, 1 from hepatitis, 1 from fibrocystic disease of pancreas, 1 from exomphalos, and 1 from asphyxia and atelectasis.

Of the 38 who died under the age of one month, 18 were due to prematurity, 10 from death due to congenital malformations and conditions incompatible with life, 3 were due to pneumonia, 1 from pneumococcal meningitis, 2 from haemorrhagic disease and 4 from asphyxia and atelectasis.

Prematurity is still the main cause of death among young infants.

This year only 21.9 per cent. of the babies were being breast-fed at four months old. It is to be deplored that there is so little breast-feeding, as the breast-fed infant is so much more able to withstand infection than the artificially fed infant.

County Borough of Gateshead

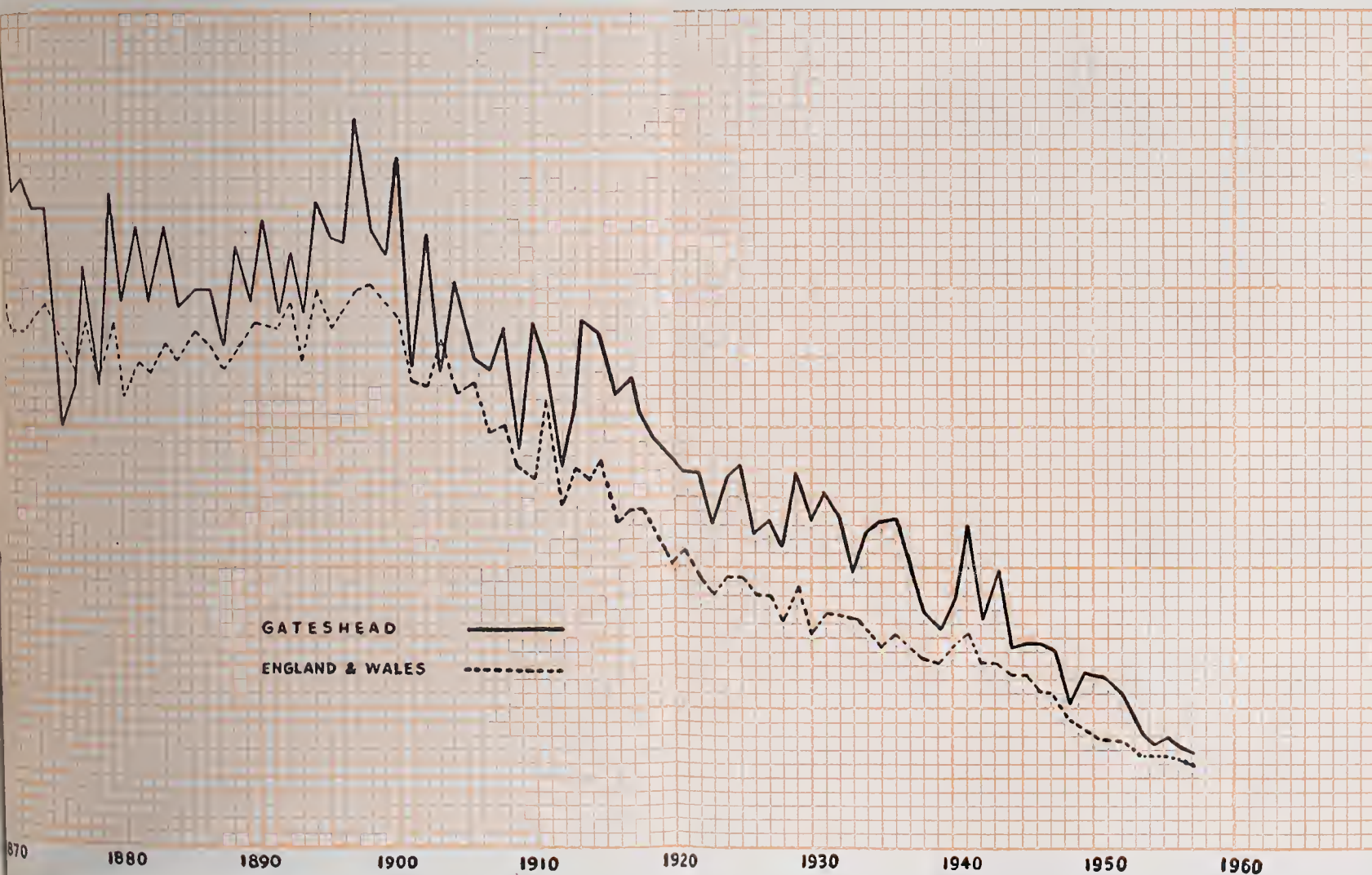
INFANTILE MORTALITY per 1,000 live births

1871 - 1957

AVERAGE INFANTILE MORTALITY RATES

1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1930	1931-1940	1941-1950
172	161	174	149	127	96	81	59

per 1,000 Births



**Deaths from Stated Causes at Various Ages
under 1 Year of Age**

Cause of death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total deaths under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total deaths under 1 year		
										M.	F.	T.
Principal Causes:												
Certified	33	3	1	1	38	11	4	4	—	32	25	57
Uncertified	—	—	—	—	—	—	—	—	—	—	—	—
Specific Causes:												
Meningococcal infections	—	—	—	—	—	—	1	—	—	1	—	1
Influenza	—	—	—	—	—	—	1	—	—	—	1	1
Pneumonia	—	—	—	—	—	1	1	—	—	1	1	2
Bronchopneumonia	2	1	—	—	3	2	1	—	—	4	2	6
Bronchitis	—	—	—	—	—	1	—	—	—	1	—	1
Gastroenteritis	—	—	—	—	—	—	—	2	—	2	—	2
Congenital malformations	8	1	—	1	10	3	—	—	—	6	7	13
Immature birth	17	1	—	—	18	—	—	—	—	10	8	18
Pneumococcal meningitis	—	—	1	—	1	1	—	—	—	1	1	2
Haemangioma	—	—	—	—	—	1	—	—	—	—	1	1
Hepatitis	—	—	—	—	—	1	—	—	—	—	1	1
Cystic disease of Pancreas	—	—	—	—	—	—	—	1	—	—	1	1
Hydrocephalus	—	—	—	—	—	1	—	—	—	1	—	1
Haemorrhagic disease	2	—	—	—	2	—	—	—	—	1	1	2
Asphyxia-atelectasis	4	—	—	—	4	—	—	1	—	4	1	5
Totals	33	3	1	1	38	11	4	4	—	32	25	57

(c) Child Welfare Clinics

Centre	No. of sessions	First visits of children 0-1 years	Revisits of children 0-1 years	First visits of children 1-5 years	Revisits of children 1-5 years
Greenesfield ..	98	201	1,377	137	602
Bensham ..	98	359	3,570	86	1,592
Moore Street ..	49	227	1,777	86	398
Low Fell ..	98	157	1,914	78	936
Victoria Road ..	51	141	1,251	36	440
Wrekenton ..	49	151	851	56	373
Lobley Hill ..	50	102	1,120	56	637
Carr Hill ..	49	192	2,011	109	601
Old Fold ..	51	70	594	86	249
Totals ..	593	1,600	14,465	730	5,828

<i>Centres</i>	<i>No. of attendances</i>	<i>Average attendance at Doctor's Sessions</i>	<i>Infant Examinations by medical officer</i>	<i>Average No. of Consulta- tions per Session</i>
Greenesfield	2,317	23.63	659	6.72
Bensham	5,607	57.21	1,284	13.1
Moore Street	2,488	50.7	638	13.0
Low Fell	3,085	31.4	1,020	10.4
Victoria Road	1,868	36.6	505	13.2
Wrekenton	1,428	29.1	545	11.1
Lobley Hill	1,915	38.3	501	10.0
Carr Hill	2,914	59.4	565	11.5
Old Fold	999	19.5	295	5.8
<i>Totals</i>	22,621	38.1	6,012	10.1

Treatment

During the year 136 children were referred to the minor ailments' clinic and made 359 attendances.

The conditions treated were as follows:—

Scabies	4
Impetigo	16
Septic sores	4
Eczema and dermatitis	1
Other skin conditions	38
Eye defects	22
Ear defects	4
Other defects	45

131 children were referred to the refraction clinic; the following are the particulars:—

No. of appointments made	131
No. of appointments kept	108
No. for whom spectacles were prescribed	79
No. who obtained spectacles	79

(d) Nursery Schools

Prior Street and Brighton Avenue Nursery classes continued to care for about 60 children between the ages of 2 and 5 years. Another 20 children were accommodated in the Bensham Settlement. The Bensham Nursery School has not yet been rebuilt.

Priority admission was given to children whose mothers were employed or in ill-health.

A health visitor makes weekly visits to treat minor ailments, and one of the school medical officers makes regular visits to examine the children medically.

(e) Day Nurseries

The nurseries were open throughout the year. As a measure of economy, Victoria Nursery, Teams, was closed at the end of December.

This nursery had not been filled to capacity for some time. Necessitous children were accommodated in Holy Trinity Nursery.

The children in all the nurseries were examined medically and dentally during the year.

The following infectious diseases occurred among the nursery children:—

	<i>Holy Trinity</i>	<i>South Close</i>	<i>Victoria</i>	<i>Total</i>
Scarlet fever ..	1	1	3	5
Measles ..	36	22	15	73
Mumps ..	—	8	1	9
Chickenpox ..	—	—	19	19
Whooping cough	4	—	1	5
Dysentery ..	1	—	—	1

In addition both children and staffs were badly hit in the influenza epidemic.

Nurseries and Child Minders' Regulations Act, 1948

The Beth Midrash Lemoroth Nursery for Jewish children has continued throughout the year at 61, Rectory Road. It has places for 20 children and has been fully occupied during the year. When visited the children in this nursery appeared to be happy and well cared for.

(f) Milk and Other Foods sold during 1957

This department has continued to work smoothly during the year. Ladies from the Women's Voluntary Services have helped with the distribution of welfare foods at Greenesfield Health Centre throughout the year; they attended on Monday and Friday of each week and gave extra help during holiday periods and the influenza epidemic.

On the 6th April, 1957, the price of National Dried Milk was increased from 10½d. per tin to 2/4d. per tin and there was a subsequent fall in the quantity of this food sold. From 1st November, 1957, orange juice was limited to children up to the age of two years instead of five years as formerly. Expectant mothers continue to receive supplies at the rate of 3 bottles per month.

During the year the following amounts of National Dried Milk and Vitamin foods were supplied:—

97,014 tins of National Dried Milk.
11,027 bottles of Cod Liver Oil.
5,288 packets of Vitamin Tablets
74,973 bottles of orange juice.

£8,837 12s. 4d. was taken in stamps for National Dried Milk, 1,751 tins were issued free, and 1,317 tins were sold at 4/- a tin to mothers who wished to purchase more than the Ministry allowed at the lower price, the total amount taken being £9,101 0s. 4d. £1,533 10s. 0d. was taken for orange juice, 1,683 bottles being issued free.

The following amounts of milk and other foods were sold during 1957:—9,926 packets of Dried Milk, 2,497 half pounds of Virol, 123 jars of Malt and Oil, 196 jars of Malt and Iron, 2,913 tins of Ovaltine, 119 jars of Vimaltol, 264 packets of Groats, 48 tins of Barley, 196 packets of Robrex, 518 packets of Scotts Baby Cereal, 281 packets of Weaning Foods, 5,362 bottles of Adexolin, 594 packets of Trufood Cereal, 996 packets of Farex, 677 tins of Robsoup, 638 bottles of Minadex, 113 jars of Numol, 3,877 bottles of Rose Hip Syrup and 2,975 packets of other baby cereals.

Receipts amounted to £3,287 10s. 2d., against a cost of £2,988 5s. 10d.

(g) Care of Premature Infants

During the year, 189 premature infants were born to Gateshead mothers. 156 were born alive. The particulars of these were as follows:—

<i>Place of birth</i>	<i>No. of live births</i>	<i>Deaths under 24 hours</i>	<i>Deaths under 28 days</i>	<i>Alive</i>
At home	64	7	4	53
Queen Elizabeth Hospital	53	1	5	47
Bensham Hospital ..	31	3	—	28
Other Hospitals	8	1	—	7
<i>Totals</i>	156	12	9	135

Of the 76 premature infants who were born at home, 64 were born alive and 12 were stillborn. The following are the particulars of those who were born alive:—

<i>Weight at birth</i>	<i>Total</i>	<i>Died under 24 hours</i>	<i>Died under 28 days</i>	<i>Alive</i>
3 lbs. 4 ozs. or less 1000 gms.-1500 gms.	9	6	2	1
Over 3 lbs. up to and including 4 lbs. 6 ozs. Over 1500 gms.-2000 gms. ..	10	—	1	9
Over 4 lbs. 6 ozs. up to and in- cluding 4 lbs. 15 ozs. Over 2000 gms.-2250 gms. ..	15	1	—	14
Over 4 lbs. 15 ozs. up to and in- cluding 5 lbs. 8 ozs. Over 2250 gms.-2500 gms. ..	30	—	1	29
<i>Totals</i>	64	7	4	53

The whole-time premature baby nurse paid 1,504 visits during the year, and the part-time nurses paid 243 visits, making in all 1,747 visits. This service has been a means of saving the lives of some of the small infants, and is greatly appreciated by the mothers.

Cots, blankets, hot water bottles, etc., were lent to the parents on 24 occasions.

(h) *Care of Illegitimate Children*

There were 77 illegitimate live births in the Borough in 1957, 36 males and 41 females.

The following is a summary of the particulars of these:—

Total No. of child- ren	Living with mother or near rela- tive	Child adopt- ed	Left the district or not traced	Board- ed out	In resi- dential nurs- ery	Died	Children living with mother or near relative	
							Children well cared for in good home	Home conditions poor but child thriving
77	49	4	21	—	—	3	42	7

There is one voluntary organisation for rescue and moral welfare in Gateshead, the St. Faith's Home, in which expectant mothers are received from Gateshead, and from various parts of the country. One girl was paid for by the Local Authority.

Arrangements are also made through the Health Department for girls to be received into homes out of the town and payment is made for them by the Local Authority. Under these arrangements one girl was paid for at the Brettagh Holt Maternity Home, Kendal.

The mothers accommodated at St. Faith's Home attend the hospital ante-natal clinic, and arrangements are made for them to be confined in hospital.

In Gateshead, a large proportion of the illegitimate children remain at home, and are looked after by their mothers or relatives.

(i) *Ophthalmia Neonatorum*

There were no cases of ophthalmia neonatorum notified during 1957.

(j) *Ultra-Violet Ray Therapy*

44 new cases and 41 old cases attended the clinic for treatment and made 330 attendances. They were treated for the following defects:—

Rickets	Anorexia
Anaemia	Adenitis
Debility and not gaining weight	Nasal catarrh
Subnormal nutrition	Urticaria
Bronchitis	

18 completed the treatment and were improved.

(k) *Hospital Treatment for Ailing Children*

Such children belonging to the Borough are usually referred to the following hospitals:—

The Children's Hospital, Gateshead.
 The Children's Department of the Royal Victoria Infirmary, Newcastle.
 The Queen Elizabeth Hospital, Gateshead.
 The Fleming Memorial Hospital, Newcastle.

It is the custom of the hospitals to forward to the Health Department a copy of the discharge letter sent to the patient's own doctor.

(l) *Exceptional Children*

The following list of special cases among children under 5 years receive extra attention from the health visitors, who see that treatment is obtained where necessary.

At the age of two years, the names of the children among these cases who are likely to require special educational facilities are passed on to the school medical service, so that suitable arrangements can be made as early as possible.

Congenital defects	..	..	..	41
Orthopaedic cases	..	..	..	90
Deaf or deaf and dumb	..	..	..	3
Speech defects	..	..	..	7
Hare lip or cleft palate	..	..	..	15
Mentally retarded	..	..	..	38
Eye defects	..	..	..	132
Miscellaneous	..	..	..	77
				<hr/> 403 <hr/>

The congenital defects comprised :—

Imperforate anus	..	..	..	3
Spina Bifida	..	..	..	6
Hypospadias	..	..	..	3
Achondroplasia	..	..	..	1
Congenital heart disease	..	..	..	15
Oesophageal atresia	..	..	..	1
Defective hands or feet	..	..	..	5
Minor defects	..	..	..	3
Exomphalos	..	..	..	2
Meningocele	..	..	..	2

Orthopaedic Cases

T. B. elbow	..	..	..	1
Talipes	..	..	..	21
Kohler's Osteochondritis	..	..	..	1
Spastic	..	..	..	4
Deformity of feet or hands	..	..	..	11
Genu valgum	..	..	..	16
Genu varum	..	..	..	6
Flat feet	..	..	..	8
Birth injury to clavicle or humerus	..	..	..	4
Congenital dislocation of hip	..	..	..	4
Torticollis	..	..	..	5

Perthes' Disease	..	..	..	1
Deformed spine	..	..	..	2
Walking badly	..	..	..	1

Mentally retarded

Mongols	..	..	..	13
Epilepsy	..	..	..	7
Backward	..	..	..	15
Cerebral palsy	..	..	..	2
Hydrocephalic	..	..	..	1

Miscellaneous

Tuberculosis lungs	..	..	..	8
Meningocele	..	..	..	1
Sequelae of T.B. Meningitis	..	..	..	1
Hydrocele	..	..	..	3
Asthma	..	..	..	3
Exomphalos	..	..	..	1
Eczema	..	..	..	11
Delicate	..	..	..	3
Hiatus Hernia	..	..	..	1
Naevus	..	..	..	1
Cyst neck	..	..	..	1
Removal left kidney	..	..	..	1
Hernia	..	..	..	26
Diseased kidneys	..	..	..	2
Pink disease	..	..	..	2
Minor defects	..	..	..	11
Atelectasis	..	..	..	1

Eye Defects

Strabismus	..	..	..	107
Ptosis	..	..	..	2
Congenital cataracts (1 blind)	..	..	..	5
Blocked lachrymal duct	..	..	..	6
One eye enucleated	..	..	..	2
Glaucoma	..	..	..	2
Retrolental fibroplasia (blind)	..	..	..	2
Keratitis	..	..	..	2
Other defects	..	..	..	4

Midwifery Service*(a) Midwives*

49 midwives notified their intention to practise midwifery in the Borough. They were distributed as follows:—

Municipal midwives	..	..	12
District Nurses' Home	..	..	8
Private	..	..	6
Queen Elizabeth Hospital	..	..	12
Bensham Hospital	..	..	11

The following is a summary of the work of the Supervisor of Midwives, Mrs. M. A. Bolam:—

Routine visits to midwives	..	..	68
Special visits to midwives	..	..	38
Visits to stillbirths	..	..	52

Nursings and deliveries supervised	10
Visits to cases of ophthalmia neonatorum	—
Visits to premature babies	163
Special visits	191
Unsuccessful visits	98
Routine interviews with midwives..	455
Attendances at ante-natal clinics ..	45
Visits to puerperal pyrexia	14
Visits to neo-natal deaths	55

At the routine visits paid to the domiciliary midwives, inspections were made of their register of cases, temperature charts, ante-natal records, bags and appliances.

At the end of the year there were 10 full-time midwives on the staff and one premature baby nurse. At the District Nurses' Home there were one Superintendent (part-time), and 4 midwives.

(b) Ante-natal care.

Summary of Work at Clinics

The following is a summary of the attendances at the various clinics:—

<i>Centre</i>	<i>No. of sessions</i>	<i>No. of 1st visits</i>	<i>No. of revisits</i>	<i>Total attendances</i>	<i>Average per session</i>
Greenesfield ..	49	96	219	315	6.4
District Nurses' Home	49	43	212	255	5.2
<i>Totals</i>	98	139	431	570	5.8

Blood was taken for routine Wassermann and Rhesus Test at the municipal clinics and at the Queen Elizabeth Hospital Clinic. In all, 1,297 specimens were tested and there were 2 positive cases.

During the year all the mothers were invited to have their chest x-rayed as a routine on their first visit to the ante-natal clinic.

(c) Maternal Welfare

There was one death associated with pregnancy during the year.

<i>No.</i>	<i>Age</i>	<i>Cause of Death</i>
1	38	Cerebral air embolism due to attempt to procure abortion. Conviction of Manslaughter (Inquest).

(d) Puerperal Pyrexia

The following is an analysis of the cases notified under the Regulations:—

<i>Case No.</i>	<i>Attendance</i>	<i>Removed to Hospital</i>	<i>End Result</i>	<i>Remarks</i>
1	Doctor	No	Cured	Normal delivery : Pyrexia 9th day. Temperature normal 10th day.
2	Hospital	—	Cured	Normal delivery: lacerated perineum repaired. Raised temperature 9th day. Mastitis.
3	Hospital	—	Cured	Normal delivery: Raised temperature 9th day. Mastitis.
4	Hospital	—	Cured	Assisted breech delivery: Raised temperature 9th day. Mastitis.
5	Hospital	—	Cured	Normal delivery: Raised temperature 6th day.
6	Hospital	—	Cured	Normal delivery; lacerated perineum repaired. Raised temperature 10th day. Mastitis.
7	Hospital	—	Cured	Normal delivery: Raised temperature 8th day.
8	Hospital	—	Cured	Normal delivery: Raised temperature 6th day.
9	Hospital	—	Cured	Surgical induction of labour. Raised temperature 6th day. Urinary infection.
10	Hospital	—	Cured	Normal delivery: Post-partum haemorrhage. Post-partum transfusion. Raised temperature. Pernicious anaemia and infection.
11	Hospital	—	Cured	Episiotomy; Raised temperature 6th day. Congested breasts.
12	Doctor	No	Cured	Normal delivery: Raised temperature 9th day: breasts engorged.
13	Doctor	No	Cured	Normal delivery: Raised temperature 2nd day. Influenza.
14	Hospital	—	Cured	Normal delivery: ruptured perineum repaired. Raised temperature 4th day. Influenza.
15	Hospital	—	Cured	Episiotomy. Temperature raised from 1st to 8th day. Influenza.
16	Hospital	—	Cured	39th week of pregnancy developed pre-eclamptic toxæmia and was admitted for 48 hours. Normal delivery with episiotomy. Raised temperature 3rd day: puerperal infection.

(e) Emergency Cases

In 20 cases, where a doctor was not previously engaged, medical aid was called by the midwife for the mother, infant or both.

In 14 cases, the medical aid was for the mother, and in one case for mother and baby, for the following emergencies:—

<i>Doctors called by</i>			
	<i>Municipal midwives</i>	<i>D.N.A. midwives</i>	<i>Other midwives</i>
Lacerated perineum ..	2	5	—
Prolonged labour ..	1	—	—
Malpresentation ..	1	1	—
Secondary haemorrhage	1	—	—
Phlebitis	—	1	—
Pyrexia	1	—	—
Premature labour ..	—	1	—
General oedema ..	1	—	—

In 6 instances the medical aid was for the infant:—

	<i>Municipal midwives</i>	<i>D.N.A. midwives</i>	<i>Other midwives</i>
Septic spot eye ..	—	2	—
Dangerous feebleness ..	—	2	—
Jaundice	1	—	—
White asphyxia ..	1	—	—
<i>Totals</i>	2	4	—

(f) Hospital Accommodation for Maternity Cases

The following is a summary of the Gateshead cases admitted to the Princess Mary Maternity Hospital during the year:—

Live births	55
Still births	5

There were 384 births to Gateshead mothers in the Bensham General Hospital, and 714 births in the maternity unit of the Queen Elizabeth Hospital.

(g) Nursing Home

A nursing home, situated at Craigielea, Low Fell, is registered to take 8 maternity cases. As the matron does not wish to continue the midwifery side of this home there were no cases admitted during the year.

(h) Consultant Aid for Emergency Cases

During 1957, the emergency team provided by the Hospital Boards was called out on one occasion.

(i) Midwifery Outfits

Midwifery outfits containing clothing and bed-linen necessary for both mother and infant are available at the ante-natal clinic. No outfits were borrowed during the year.

(j) *Municipal Midwifery Scheme (Midwives' Act, 1936)*

The following is a summary of the work done by the municipal midwives:—

<i>Midwife</i>	<i>No. of Cases</i>		<i>No. of morning visits</i>	<i>No. of evening visits</i>	<i>Ante-natal visits</i>
	<i>Attended as midwife</i>	<i>Attended as mat. nurse</i>			
1	34	9	727	132	338
2	41	15	756	176	260
3	59	23	863	167	398
4	62	19	971	218	293
5	20	19	724	103	301
6	43	21	901	211	330
7	43	3	721	149	215
8	46	2	492	124	198
9	45	4	818	172	364
10	24	8	638	145	84
11	55	5	840	163	250
12	—	1	90	5	7
13	19	—	249	78	67
14	14	—	230	66	68
<i>Totals</i>	505	129	9,020	1,909	3,173

Gas and air analgesia was administered to 22 mothers by the municipal midwives.

Trilene was administered to 378 mothers by the municipal midwives and to 205 mothers by the district nurse midwives.

Pethidine was administered to 300 mothers by municipal midwives and to 119 by the district nurse midwives.

The district nurse midwives are not booked individually, but take the cases in turn. The following is a summary of the work done by them:—

	<i>No. of Cases</i>		<i>No. of morning visits</i>	<i>No. of evening visits</i>	<i>Ante-natal visits</i>
	<i>Attended as midwife</i>	<i>Attended as maternity nurse</i>			
161	72		3,559	886	2,324

The following is a synopsis of the above cases:—

	<i>No. of cases</i>	<i>Live births</i>	<i>Still-births</i>	<i>Mis-carriages</i>	<i>Sent to hospital</i>	<i>Maternal deaths</i>
Municipal midwives	634	575	22	3	34	—
District Nurse midwives	233	228	1	1	3	—
<i>Totals</i>	867	803	23	4	37	—

There were 3 cases of puerperal pyrexia among the above.

In 20 cases, where a doctor was not previously engaged, medical aid was called by the municipal midwives or district nurse midwives, for the mother, infant or both.

(k) Post-Natal Clinic

The clinic is held at the Greenesfield Health Centre, in conjunction with the ante-natal clinic on Wednesday afternoons.

During the year 15 mothers attended.

District Nursing Association (Post-Natal Clinic)

A post-natal clinic is also held at the District Nurses' Home in conjunction with the ante-natal clinic on Tuesday afternoons. During the year 13 mothers attended.

5. Health Visitors

The establishment formulated by the Council for health visitors consists of a superintendent and 20 others, each of whom acts as a school nurse in her district as well as a health visitor. This establishment unfortunately was never attained during 1957, and no student health visitor completed her course under our local scheme during 1957, although one student health visitor was appointed. She is due to complete her training in 1958. The district health visiting staff, therefore, began the year with 16 nurses and ended with 17 as a result of one transfer. It is necessary to face the situation today that the health visiting staff is dependent entirely on the number of students who are attracted by the scheme of paid training sponsored by the Local Authority. It is also fortunate for the future of the service that arbitration under the Whitley Council substantially improved the remuneration payable to these key workers in the health service of the Local Authority. An analysis of the number of home visits by the health visitors in 1957 is given below:—

Summary of Home Visits

<i>Infants</i>		<i>At four months</i>	
Born at full term	1,857	Breast fed	.. 450 (24.9%)
Prematurely	.. 152	Partially breast fed	160 (8.8%)
		Artificially fed	.. 1,197 (66.3%)

Visits to Infants under 1 year

First visit after notification	..	..	2,123
No. of revisits	..	..	7,788
Visits to children 1-2 years	..	..	4,902
Visits to children 2-5 years	..	..	10,397

Visits to Expectant Mothers

First visits	..	..	..	..	574
No. of revisits	..	..	..	..	220

Miscellaneous Visits

Measles	..	..	..	..	2,225
Diarrhoea	..	..	..	..	58
Whooping cough	..	..	..	..	95
Pneumonia	..	..	..	..	58
Scabies	..	..	..	..	3
Scarlet fever	..	..	..	..	1
Encephalitis	..	..	..	..	2
Tuberculosis	..	..	..	..	565
Poliomyelitis	..	..	..	..	49
Mumps	..	..	..	..	1
Special cases, including old people	..	..	..	..	422
Ineffective visits	..	..	..	..	4,531

The total number of visits by health visitors during the year was 34,014.

6. Home Nursing

The bulk of the domiciliary nursing of patients within the Borough is carried out by agreement with the Gateshead District Nursing Association, the committee of which includes a number of representatives from the Local Authority. The work is based on the nurses' hostel at Coatsworth Road, and at the end of 1957 the following members of the staff were employed:—1 superintendent, 10 Queen's Nursing Sisters, 4 state registered nurses, 3 Queen's trained male nurses, one state enrolled assistant nurse, one part-time Queen's Nurse, together with 4 female and one male student district nurses. There were also 4 midwives, who were employed under a separate agreement with the Association to form part of the local midwifery staff.. There were also two pupil midwives undergoing district training in secondment from the Queen Elizabeth Hospital. As a basis for estimates the following establishment has been given temporary approval:—one superintendent, two assistant superintendents, 16 female Queen's Nurses, 4 male Queen's Nurses, 1 part-time district nurse and 4 student nurses, and 1 state enrolled assistant nurse. This establishment, of course, may have to be altered in the light of the local authority policy with regard to the care of the aged in hospitals and the local hospital policy with regard to the admission of geriatric cases. It is difficult to fix a permanent establishment because students taken on for training may be available during part of the time for full-time service, but during the period of lectures their availability is reduced considerably, while on conclusion of the course of training they are again able to function as full-time nurses. The following table summarises the work done by the Gateshead Nursing Association on behalf of the Local Authority in 1957. It should be mentioned that in 1957 the figures represented no great change from those of the previous year, when altogether 2,194 patients were nursed, this entailing 76,038 visits.

		<i>Acute illness</i>		<i>Maternity</i>		<i>Chronic illness</i>		<i>Total</i>	
		<i>Cases nursed</i>	<i>Visits</i>	<i>Cases nursed</i>	<i>Visits</i>	<i>Cases nursed</i>	<i>Visits</i>	<i>Cases nursed</i>	<i>Visits</i>
No. on books at 1st January 1957		31		9		330		370	
No nursed in:									
January	..	92	886	34	604	405	5,034	531	6,524
February	..	95	883	33	666	400	4,450	528	5,999
March	..	85	926	26	569	395	4,946	506	6,441
April	..	82	978	29	577	381	5,185	492	6,740
May	..	83	716	30	623	381	5,326	494	6,665
June	.. ..	69	706	30	473	368	4,783	467	5,962
July	.. ..	69	713	38	602	384	5,050	491	6,365
August	..	68	747	37	589	375	4,925	480	6,261
September	..	112	1,090	33	579	381	4,699	526	6,368
October	..	135	1,154	34	663	393	5,314	562	7,131
November	..	74	765	26	563	376	4,901	476	6,229
December	..	86	776	28	690	382	5,014	496	6,480
No. on books at 31st December, 1957									
..	..	23		3		323		349	
Total cases nursed and visits paid during year									
..	..	745	10,340	266	7,198	1,085	59,627	2,096	77,165

Of the 1,695 general illnesses nursed, 1,203 were medical, 401 were surgical, 9 were complications of maternity, 80 were cases of tuberculosis and 2 were infectious. 38 patients were under 5 years, 61 were aged 5-15 years, and 79 were over 65. Altogether 556 patients had more than 24 visits during the year, and these patients together involved a total of 51,200 visits, with an average of 92 visits to each of these chronic patients during the year. 651 patients were receiving treatment by injections only, and this involved no less than 16,934 visits. There were 1,383 late visits for the purpose of giving injections to 34 patients.

The Superintendent of the District Nursing Association kindly analysed the 1,695 cases who were nursed during 1957:—

<i>Diagnosis</i>	<i>Under 1 year</i>	<i>1 to 5 years</i>	<i>5 to 15 years</i>	<i>15 to 65 years</i>	<i>Over 65</i>	<i>Total</i>
Acute respiratory disease ..	3	11	16	65	136	231
Chronic respiratory disease ..	—	—	1	36	19	56
Burns and scalds	—	4	2	16	4	26
Post operations	2	6	7	94	30	139
Chronic dressings and septic con- ditions	3	2	18	120	304	447
Fractures for G.A.	—	—	1	7	28	36
Diabetes	—	—	—	7	19	26
E.S.	—	3	3	36	40	82
Threadworms	—	—	1	1	—	2
Stroke	—	—	—	12	67	79
Carcinoma	—	—	—	32	59	91
R.H. Arthritis	—	—	—	5	22	27
Acute rheumatism	—	—	1	—	—	1
Heart complications	—	—	—	51	108	159
Pernicious anaemia	—	—	—	14	52	66
E.N.T. Conditions	1	—	4	22	2	29
Pulmonary tuberculosis	—	—	—	55	5	60
Other forms of tuberculosis	—	1	—	17	2	20
Infectious diseases	1	1	—	—	—	2
Miscarriage	—	—	—	1	—	1
Maternity complications	—	—	—	5	—	5
Gynaecological	—	—	—	2	30	32
Influenza	—	—	—	11	1	12
Senility	—	—	—	—	66	66
	10	28	54	609	994	1,695

The Wrekenton area of the Borough has shared the services of a district nurse with the adjoining portion of Durham County. At the end of the year, the developments of the new housing estates belonging to Gateshead Corporation, coupled with the expansion of housing developments in the adjoining Felling area made it necessary to review the staffing, and as a result it has been agreed that at an early date the existing nurse will serve the County area of Wrekenton as a whole-time responsibility, while the Borough will be looked after by a whole-time district nurse to be appointed. The suggestion was however made that the borough and the county nurse should deputise for one another during holidays and temporary illnesses. In 1957, the nurse at Wrekenton nursed altogether 141 patients belonging to the Borough, of whom 42 suffered from acute illness, 7 from tuberculosis and 92 from chronic illness. Altogether, she paid 3,352 visits to patients in the district.

7. Home Help Service

In 1957, the home help service consisted of a supervisor and her assistant together with 6 permanent full-time helps, 88 part-time helps, and one male help, a total of 95 persons, which is somewhat less than the authorised establishment of 80 full-time home helps. The majority of the part-time home helps do 23 hours per week, which is a little more than half-time, when compared with the full-time working week of 38 hours for a female home help. In the event of a sudden emergency there is a standing permission from the Council to recruit seasonal home help in excess of the establishment laid down.

HOME HELP SERVICE 1957

Month	Ante-natal				Maternity				Acute				Chronic				Tuberculous			
	Part		Total		Part		Total		Part		Total		Part		Total		Part		Total	
	time	Full	cases	days	time	Full	cases	days	time	Full	cases	days	time	Full	cases	days	time	Full	cases	days
January	—	—	—	—	4	1	5	30	80	—	80	116	347	—	347	1094	6	—	6	8
February	1	—	1	2	3	2	5	24	73	—	73	68	348	—	348	960	6	—	6	6
March	—	—	—	—	2	—	2	4	80	—	80	98	340	—	340	896	5	—	5	5
April	—	—	—	—	3	—	3	12	78	—	78	95	337	—	337	923	5	—	5	6
May	—	—	—	—	4	2	6	28	78	—	78	95	338	—	338	1061	6	—	6	7
June	—	—	—	—	2	—	2	4	82	—	82	66	338	—	338	812	6	—	6	6
July	1	—	1	4	2	—	2	10	82	—	82	61	332	—	332	960	6	—	6	8
August	—	—	—	—	5	—	5	19	82	—	82	46	338	—	338	767	6	—	6	3
September	—	—	—	—	3	1	4	14	77	—	77	50	340	—	340	878	6	—	6	3
October	—	—	—	—	3	1	4	18	93	—	93	96	340	—	340	1018	6	—	6	7
November	2	—	2	12	3	2	5	14	94	—	94	108	333	—	333	936	4	—	4	7
December	3	—	3	4	2	2	4	22	93	—	93	96	337	—	337	908	4	—	4	9

Number of cases where domestic help was provided during the year:

	New cases	On books	Total days given
Maternity ..	33	1	199
Antenatal ..	6	—	22
Tuberculosis ..	1	6	75
Chronic Sick ..	119	329	11,213
Acute ..	127	61	995
	286	397	12,504

Expenditure on the service in 1957/58 was estimated as £19,320, and the receipts at £575. These figures are no different from those of the previous year.

During 1957, 683 households received help as compared with 648 in 1956. In 448 of the households there was chronic illness of some kind or other. The number of maternity cases assisted by the home help service was only 34, a very low figure indeed, and one that is due almost entirely to the high assessment that is applied in the case where the householder is working and earning substantial wages. On the other hand, where pensioners or other persons living on Assistance Board allowances are concerned, the service is free, and this covers most of the households affected by chronic sickness.

The work of the home help service is covered in the adjoining table, but I am indebted to the Home Help Supervisor, Mrs. Maitland, for the following report, which throws a light on the vocational sense that is being developed by the home helps. Particular commendation must be given to those workers who went out of their way to improve the lot of some of the old people whom they attend:—

“The number of persons receiving help on the 31st December, 1957, was 423. They can be classified as follows:—2 ante-natal, 4 maternity, 24 acute, 5 tuberculous, 388 chronic.

Once again there has been a big number of maternity cancellations, these being entirely due to the high charges involved, especially when the charge is in excess of £4. 4s. 0d. per week.

Of the 388 number of chronics on the books, 75 of these are old men living on their own between the ages of 70 and 85.

Whilst 40% of these old people have married sons and daughters who do visit and help, the remainder have to rely solely upon the services of the Home Help Department. These cases are passed on to us through the National Assistance Board and the Welfare Officers.

One hundred and fifty of our cases, especially where living alone, would benefit by being under care and attention night and day.

During October and November many of these old people had bronchitis and other ailments, and on visiting, found numbers of the Home Helps had attended to them out of their normal hours owing to hospital beds not being available. Countless hours are given to the old people by the type of worker who works for their comfort and happiness.

Knowing the many distressing cases at Christmas, the Home Helps worked very hard to raise funds to provide 150 food parcels for the most deserving cases.

Most of the old men living alone (most of them bachelors) leave the home help to lay out all their pension and national assistance as they say they can make a much better job of it and make the money go further.

Many of our old people are unable to bathe and wash themselves and the Matron of the District Nursing Association was very delighted and most helpful in allowing two home-helps to go out on the district with her nurses to show them how to bed bath and do toe nails, etc. Once a week these two home helps visit seven or eight cases a day each, attending to the ones who are inclined to neglect themselves. This is a great tonic to the old people who always feel and look so much happier for it. The two women chosen for this work have great patience and a wonderful way of dealing with them.

Whilst many of the home-helps have sat beside the old people during their illnesses, it has caused great difficulty in not being able to contact me. The telephone installed at my home would be a great help, also, when the home help is prepared to stay at her own expense, transport would be a help at 11 p.m. This would only apply to the very poorly ones during the winter months".

8. Vaccination and Immunisation

This phase of the local authority work under the National Health Service Act is probably becoming its most important role in the preventive medicine of today. Since the Act was passed, the scope of the local authority immunology has extended from the simple prevention of smallpox and diphtheria to include the prevention of whooping cough, tetanus, poliomyelitis and, in selected instances, influenza. Nearly all these techniques involve injections either hypodermically or intradermally, and if each were carried out in isolation it would be necessary to subject the young child to one scarification and 9 separate injections, each in the first year of its life, a position that would be anything but acceptable to parents. Very fortunately, it is possible to reduce this programme of immunising procedures to one scarification and 5 injections by combining diphtheria, whooping cough and tetanus prophylaxis into one course of three injections to which would be added two hypodermic injections of poliomyelitis vaccine.

When poliomyelitis is present in a community there is a definite risk that some of these injections, given at a time when presumably the patient is carrying a silent infection by poliomyelitis virus, may precipitate a paralytic attack involving the limb into which the prophylactic substance had been injected. During the Gateshead epidemic of 1952, a number of cases of this happening were experienced. The clue to the prevention of the misfortunes is to restrict the immunising injections to the periods when poliomyelitis is not present or is not epidemic in the community. It therefore becomes a most important duty of a local medical officer of health to watch carefully the incidence of possible poliomyelitis in his area in order that he may alert his own medical staff and the family practitioner against the possible sequelae to prophylaxis. Nevertheless, as a result of the Gateshead experience it is felt that the immunising injections, when

given subcutaneously in the buttock, do not carry the same risk as the intramuscular injections of prophylactics in the arms. The trauma caused by inoculations seems to be very similar in its effect during epidemic poliomyelitis to the operation of tonsillectomy which has likewise been followed in a number of cases by the development of paralysis involving the muscles of the pharynx.

The prophylactic injections which appear to have been most associated with the unfortunate sequelae mentioned are those of combined prophylactics where diphtheria toxoid and whooping cough vaccine were given as a mixture. It has been admitted that alum present as a vehicle in the mixture is an irritant, and the modern policy is to omit alum from these mixed prophylactics. A report of the Medical Research Council would incriminate the mixed prophylactics as being more likely to be followed during a prevalence of poliomyelitis by the development of the local paralysis. On the other hand, the more frequent injections of single prophylactics would also increase the risk of an induced paralysis in an infant. It appears that the two risks are approximately equal.

As poliomyelitis is a disease more likely to be prevalent in the summer and the autumn than at other times, it seems that the bulk of immunisation campaigns should be carried out during the winter, the number of injections of prophylactics in the summer being kept at a minimum.

Some concern was at one time felt about the possible sequelae of these induced paralyses as a result of vaccination against poliomyelitis. In my experience, the trauma of a subcutaneous injection of poliomyelitis vaccine is by far the least of all the immunising injections. It is notable that there is no pain or production of oedematous or fibrous lump, as the fluid of which the vaccine is composed is immediately absorbed into the circulation. In the thousands of poliomyelitis inoculations that have been given in Gateshead there has never been the slightest reason for suspecting any undesirable complications or sequelae.

The very extensive assortment of immunisation procedures to be carried out within the first year of life in every infant has raised questions as to the order in which these should be done, especially having regard to the possibility of whooping cough within the first six months of life. It seems to be granted that too early an active immunisation against diphtheria in the first year of life may be somewhat transitory, although whooping cough immunisation is possible at about 2 or 3 months. As a personal view, there seems to be little reason for deviating from the traditional vaccination against smallpox at three months and the beginning of the combined immunisation against diphtheria, whooping cough and tetanus at 6 months, followed by poliomyelitis inoculation before the end of the first year. It seems that the difficulty of the very young infant contracting whooping cough will be overcome more by the appropriate immunisation of his older brothers and sisters, while if the disease is possible a prophylactic course of the appropriate antibiotic may abort or minimise an attack already under way. Although this traditional timing of immunisation procedures is upheld, there is no reason to be rigid in its application, as many circumstances may arise to change the order.

The main thing, it seems, is to ensure that each infant reaches its first birthday with the protection that can be conferred through these various immunisation schemes of the local authorities. This is a situation that is very far from being realised, and while the children who have had the prophylactic injections are safe enough, the others who have not been protected are in a very false position as regards their security against serious disease. Thus, for instance, the number of infants now vaccinated against smallpox is exceedingly low, a position that has now continued for some ten years, so that of the school children roughly three quarters are completely unprotected against a disease which may be introduced at any time and without warning through the modern facilities for rapid transport from the endemic centres of the disease in Asia and Africa to this country.

There has not been a case of diphtheria in Gateshead for many years, but already the proportion of children who have been immunised against this disease has fallen below a level at which the community can be sure of its defences. In one city in the British Isles there has recently been experienced a considerable prevalence of this disease with a number of deaths, and this has happened as a result of the same kind of failure of certain parents to make use of diphtheria immunisation as we are experiencing in Gateshead. It is most important that in the pursuit of new methods of immunisation, as for instance against poliomyelitis, the much more important protection against the really fatal diseases should not be neglected.

(a) *Vaccination against Smallpox*

During 1957, 752 persons were vaccinated and 101 re-vaccinated. These included 606 infants under one year, 49 children aged 1-4 years, 23 school children and 74 adults. 86 of the persons who were re-vaccinated were adults.

Out of 2,064 infants born in 1957, it would appear that only 606 or 29 per cent. have been vaccinated, a slightly higher proportion than in the previous two years, but one which is quite inadequate for communal protection. 428 of the primary vaccinations were carried out by local authority medical staff and the remainder by the family practitioners. Of the re-vaccinations, only 3 were carried out by the local authority staff and the remainder by family practitioners. Most of the revaccinations were carried out in connection with emigration.

No cases of generalised vaccinia or post-vaccinal encephalitis came to light during 1957, nor was there any untoward complication of vaccination or immunisation noted.

(b) *Immunisation against Diphtheria*

During 1957, 1,074 children under 5 years and 18 children of school age (a total of 1,092) completed a full course of immunisation. 298 children received the 'booster' injection of diphtheria toxoid to stimulate the immunity mechanism.

Of these inoculations against diphtheria 707 were carried out by local authority staff and 385 by local practitioners. At the end of 1957, out of 9,000 pre-school children, only 3,676 children or 40.8 per cent. had been immunised, and out of 16,800 children of school age, 7,478 or 44.5 per cent. have completed a primary course of immunisation or had a 'booster' dose. Altogether, then, 11,154 children (43.2 per cent.) have been protected against diphtheria out of 25,800.

The prophylactic substances in use were mainly the combined triple antigen manufactured by the Glaxo Laboratories, the P.T.A.P. diphtheria prophylactic of Messrs. Parke Davis, and the formol toxoid of Messrs. Glaxo Laboratories. These were given in a course of three injections at intervals of one month as a course of prophylaxis.

(c) Immunisation against Whooping Cough

During 1957, 1,021 children were given a complete course of whooping cough prophylactic, using the combined vaccine in 1,014 instances and the whooping cough prophylactic alone in 7. Of the total, 694 children received their injections from local authority medical staff and 327 from the general practitioners of the area.

The following table shows the trend of whooping cough in relation to immunisation practised in 1957. There can be little doubt of its efficacy in preventing many attacks of the disease and of modifying considerably the nature of the attack in those children in whom immunisation has failed to give complete protection. As this disease is mainly seen in pre-school children, the following tabulation exemplifies more clearly the benefits to be obtained as a result of immunisation.

Trend of Whooping Cough in relation to Immunisation

Year	Births	Completed immunisations	No. of Cases		No. of deaths
			Total	No. who had completed immunisation	
1940	1,951	—	131	—	3
1941	1,853	—	793	—	22
1942	1,835	—	89	—	1
1943	1,917	—	435	—	8
1944	2,219	—	301	—	2
1945	2,097	—	220	—	2
1946	2,614	—	356	—	4
1947	2,756	756	349	—	11
1948	2,439	920	334	38	1
1949	2,265	1,020	67	4	1
1950	2,117	743	351	24	3
1951	2,185	1,082	231	17	—
1952	1,993	501	246	21	—
1953	2,033	1,023	513	53	2
1954	1,951	996	61	11	—
1955	1,916	1,002	520	56	—
1956	1,951	933	356	53	—
1957	2,064	1,021	99	16	—

Another way of assessing the trend of whooping cough as a result of immunisation is to tabulate the notifications and attack rates of whooping cough in children under 5 years, following the example of Dr. Burnett of Preston in his report for 1954.

The following table shows that on the average the risk of whooping cough in a child under 5 years is reduced to about one quarter as a result of previous immunisation:—

**Notification and Attack Rates of Whooping Cough
in children under 5 years**

<i>Year</i>	<i>Estimated population</i>	<i>Total No. of notified cases</i>	<i>Attack Rate per 1,000 of group population</i>	<i>No. of children under 5 immunised</i>	<i>Notified and verified as immun- ised cases</i>	<i>Attack Rate per 1,000 immun- ised</i>	<i>Deaths under 5 years</i>
1946	9,000	276	30.7				4*
1947	9,930	272	27.4	685			11*
1948	10,203	260	25.4	1,555	9	5.7	1*
1949	10,540	54	5.1	2,284	3	1.3	1*
1950	10,890	224	20.6	2,786	11	3.9	3*
1951	10,920	171	15.6	3,130	16	5.1	—
1952	10,100	162	16.0	2,792	17	6.0	—
1953	9,700	356	36.7	2,904	34	11.7	2*
1954	9,600	44	4.6	3,020	3	.9	—
1955	9,300	345	37.	3,119	27	8.6	—
1956	9,100	230	25.27	3,094	27	8.7	—
1957	9,000	73	8.1	3,582	11	3.07	—

*None of the fatal cases had previously been immunised.

(d) Immunisation against Tetanus

With the permission of the Ministry of Health, the use of the triple antigen has led to a number of children being immunised against tetanus. Altogether, in 1957, 529 children, the majority being under the age of 2 years, have been immunised by the local authority medical staff with the three injections of triple antigen. This number is matched by 109 children also in the first two years of life similarly treated by the family practitioners. The result is that at the end of the year 638 children in the Borough had been actively immunised against diphtheria, whooping cough and tetanus. There has been no untoward development in any of the children as a result of these inoculations.

(e) Poliomyelitis Vaccination

The Ministry of Health sponsored a trial of a British poliomyelitis vaccine in 1956. Parents who desired their children under the age of ten years and over the age of two years to be included in the poliomyelitis vaccinations were asked to register their children for vaccination, and in 1956, 5,681 were so registered out of a mid-year population of 18,000 children under the age of 10. Owing to a shortage of vaccine, it was only possible to protect 496 children with a full course of prophylaxis and 6

others received only one injection. During 1957, the work of inoculating the volunteer children continued. As fast as supplies of vaccines were received here allocation was made of this vaccine between the local authority clinics and the family practitioners, and the work proceeded throughout the year. In June, 1957, a further registration was made of children who were born in 1955 and 1956, and also of those children who were born in 1947 to 1954 who were not in the original registrations but whose parents now wished them to be registered. 2,354 fresh registrations were then made. In November, 1957, a third registration was made at the instruction of the Ministry of Health of children born in 1957 under six months, of expectant mothers and of children born in 1943 to 1946. Actually 323 infants and pre-school children were registered and 4,250 older children, together with 73 expectant mothers. Altogether then registrations in this department of children of school age and under numbered 12,608 out of a population of 25,800 under 15 years, *i.e.* 49 per cent.

It is curious that in the original registrations, 5,354 were of children aged 5-10 years and only 327 children under 5 years were registered. This trend was continued in the second registration, and in spite of much publicity only 73 expectant mothers registered for poliomyelitis vaccination. It is obvious that as supplies of vaccine improve the emphasis must be on the immunisation of the pre-school population against poliomyelitis a disease which it must be remembered has another name, 'infantile paralysis'. In Gateshead, too, experience has shown that poliomyelitis in the 1952 epidemic chiefly attacked children under school age.

So far as the performance of the vaccination is concerned, during 1957 the local authority medical staff carried out 1,574 full courses of prophylaxis and the general practitioners of the area 2,149. These figures altogether mean that 3,723 children were protected against poliomyelitis in 1957. Added to the 496 children inoculated in 1956, the figures mean that at the end of 1957 only 4,219 children were fully protected against poliomyelitis out of this gross number of 25,800.

The work of inoculating the population against this vicious disease will continue very actively in 1958, the only restriction being the supplies of vaccine. The Ministry of Health has advised that the inoculation of the young population against this disease should be accepted as a priority measure so that the 8,462 persons who were registered and not yet vaccinated in 1957 can look forward to being protected during 1958.

B.C.G. Vaccination—Anti-tuberculosis Vaccination

In the original scheme, supplies of B.C.G. were specially imported from America and allocated for use by the chest physicians among the contacts of cases of tuberculosis who were found to be uninfected as judged by skin tests. In 1956, skin tests were carried out on 193 children, of whom 183 were found to be negative reactors. Most of these were vaccinated with the B.C.G. vaccine, along with 54 newborn babies, so that a total of 214 contacts were vaccinated. Unfortunately 23 of the contacts suitable for vaccination did not attend for various reasons.

In 1953 the Ministry of Health allowed the extension of the B.C.G. Vaccination scheme to school children in the penultimate year of their school life. This has continued each year, as far as staff difficulties have permitted. In 1957, 800 13-year old children were subjected to skin tests, so that 576 were found to be negative reactors. These were all vaccinated with the B.C.G. vaccine, and of these 125 were tested at the end of the year, with the result that all but two were found to have converted to a positive reaction.

Incidentally, the number of positive reactors found in this survey amounts to 28 per cent. which is a considerable reduction on the figures of previous years, and indicates a favourable change in the amount of tuberculous infection in the community.

9. Municipal Ambulance Service

The Ambulance Service continued its efforts to serve the public in the matter of hospital transport in 1957, when it is gratifying to note that there was a virtual stabilisation of the demand, little difference being noted between 1957 and 1956 in this respect. Besides the actual removal of patients to and from hospital and hospital out-patient departments, the service is responsible for taking the mentally defective children to the occupation centre and returning them to their homes each day. Midwives' analgesia apparatus is also maintained and serviced in the ambulance station and brought to the case on receipt of a message from the midwife in charge. The amount of service given to other authorities has become more or less stabilised. In this connection it is worthy of note that a meeting of the various local authorities concerned was held at the Royal Victoria Infirmary, Newcastle, in order to bring about some collaboration of the services in the return of patients to their homes. It seemed that what was needed was some channel from which all requests for an ambulance at the Infirmary would be concentrated at a point where immediate contact could be made with the agents serving the local authorities. Some kind of control room was clearly necessary, to which ambulances would report on arrival, and rather than return empty would take to their homes patients who were awaiting discharge to the appropriate area. In this connection, the Gateshead Ambulance Service works in close liaison with Newcastle, and it was agreed that Newcastle Ambulance Service would represent the Gateshead Service in this control room at least for a trial period. So close indeed has been the relationship between Newcastle and Gateshead in this matter that very little difficulty has ever occurred in the past nine years.

In 1957 the radio-communication equipment of the service was completely renewed and a new wave length was allotted to us by the Postmaster General, so that there is now no complaint of interference from any other similar installation.

During 1957, the following changes in the vehicles used by the service took place. The Commer Utility Van, purchased in 1940, was withdrawn from the service and replaced by a Morris 13 H.P. Utility Van in March.

In June, 1957, a new Morris Clinic Ambulance was added to the service and in November, 1957, an Austin Sitting Case Car, originally bought in 1948, was withdrawn from service and replaced by a Morris Isis.

Staff

The staff during 1957 consisted of one Ambulance Officer, one Assistant Ambulance Officer, three senior drivers, 22 ambulance drivers, one telephonist and one clerk.

Cost of the Service in 1957

The annual cost of the service was £35,465 as against £32,285 in 1956. Revenue from other authorities for return journeys from Gateshead hospitals amounted to £4,660, as against £4,760 in the previous year. The net cost of the service to Gateshead was, therefore, £30,805, compared with £27,525 in 1956. Charges made to other authorities are 3/- a mile for a stretcher ambulance and 1/6d. a mile for a sitting-case car, these charges being based on an actuarial report of the Borough Treasurer.

Work of the Service in 1957

The following summarises the work of the ambulance service carried out during the year:—

	<i>Patients</i>	<i>Other Persons</i>	<i>Journeys</i>	<i>Miles</i>
Transport to and from Hospital by ambulance	24,247	304	5,208	71,438
Transport to and from Hospital by sitting case car	4,787	553	1,321	42,811
Transport to and from Hospital by clinic ambulance	17,543	13,137	2,756	55,497
Service Journeys			890	8,489
Transport of Beds, etc. (Home disinfections included (110))			65	466
Midwives Transport and Transport of Analgesia Apparatus			1,203	9,451
	46,577	13,994	11,443	188,152

Transport Chargeable to Other Authorities

	<i>Patients</i>	<i>Journeys</i>	<i>Miles</i>
Ambulances	855	653	6,067
Sitting case car	844	708	16,476
Clinic ambulances	1,132	847	7,039
	<u>2,831</u>	<u>2,208</u>	<u>29,582</u>

Petrol Consumption

Petrol consumption (gallons)	13,446
Petrol issued by Other Authorities (gallons)	9
Petrol issued to Other Authorities (gallons)	20
Petrol issued to Civil Defence Service (gallons)	12

Arrangements were made for the transport of 27 patients by rail, involving a total distance of 3,716 miles.

Vehicles

The service consisted of 7 stretcher ambulances, 4 clinic ambulances, 3 sitting case cars, 1 utility van and 3 obsolete civil defence ambulances.

Patients carried and Mileage completed since the Inception of the Service

<i>Year</i>	<i>Patients and O/Persons</i>	<i>Miles</i>
1944		31,848
1945		53,080
1946		65,655
1947		79,979
1948		105,702
1949	27,576	149,557
1950	30,117	170,686
1951	29,820	172,806
1952	32,147	173,218
1953	43,702	171,576
1954	44,130	171,436
1955	51,368	173,904
1956	60,498	192,209
1957	60,571	188,152

10. Prevention of Illness, Care and After-Care

(a) Tuberculosis

In last year's report there was foreshadowed considerable change in the local arrangements for the diagnosis and treatment of tuberculosis. The old tuberculosis dispensary building, admittedly inadequate for dispensary purposes and not equipped with radiological facilities for the diagnosis of tuberculosis, was to be rededicated to a new purpose of housing an Odelca 100 mm. Miniature X-ray Unit for general use by the people of Gateshead, who, up to now, had always been dependent on the mobile units travelling round the factories or the Miniature X-ray installation at Newcastle General Hospital. It was envisaged that the chest clinic proper would move at the end of 1957 to Whinney House Hospital, the ground floor of which would be remodelled and made suitable for consultation, out-patient follow-up and recording purposes. This change will make a great difference in the local arrangements for the care and after-care of tuberculosis, for the records of the cases previously so conveniently accessible in the dispensary building will now be located at Whinney House Hospital, and it will accordingly be necessary for the tuberculosis nurses employed by the local authority and the district health visitors to regard Whinney House as their headquarters for tuberculosis purposes.

The Medical Research Council has taken an interest in the different approaches to the prevention of tuberculosis by the early diagnosis, detection and isolation of the infectious cases, followed by the necessary immunisation of the susceptible contacts. In collaboration with the Medical Research Council, an attempt was begun to pursue several lines of approach simultaneously, so that after a period some conclusion might be formulated as to which approach to the problem would be the most fruitful. Naturally, the actual notification of a case should lead to the examination of all the contacts in the effort to trace the source of infection and also to catch any contact incubating tuberculosis or with the minimal early signs. This policy, which is a routine throughout the country is, however, usually limited to the close contacts in the home or in the factory. In Gateshead, the effort would be made to spread the net much wider and to look at the neighbours and the many other persons whose relationship to the patient render them suspect of having acquired the infection. Naturally, such a view makes one turn to the chronic infectors, of whom there is quite a number free in the community, and whose habits sometimes are such that it is impossible not to consider them as potential dangers to other innocent parties. This action means a widely spread review of many individuals related to the victim of chronic phthisis in many diverse ways. Turning to the general population, we can make use of the routine tuberculin testing of children in their early years, when the presence of a positive reaction means past infection, and, if not due to B.C.G. vaccination, past infection from a case of active pulmonary tuberculosis. Efforts were made to tuberculin test one-year old children, and all were negative with only three exceptions. This clearly not being a fruitful approach, it was decided to tuberculin test the same children each year until they started school, where it has been routine to test all entrant children. Further tuberculin testing, of course, is done in the 14th year, but this time with a view to the inoculation of B.C.G. in suitable cases. Two other methods of approaching the problem of the early diagnosis of tuberculosis depend on the use of the miniature x-ray machine. The first and most fruitful method in finding tuberculosis is the systematic examination of all patients attending the general practitioners for respiratory disease. In a great many cases with respiratory symptoms there is no doubt that x-ray examination of the lungs may reveal a possible cause in some abnormal shadow, which may be tuberculosis. It is, therefore, intended to install an Odelca X-ray Unit in the old dispensary building which is fairly centrally situated near the convergence of the main roads through Gateshead on the south side of the Tyne. This machine will be readily accessible to the citizens of Gateshead, and will be a valuable adjunct to the care of patients by the family practitioners. It will also be possible to use the unit in the systematic overhaul of contacts of cases of tuberculosis, and of course the public have been encouraged in the past to have regular x-ray of the chest as a useful protection.

Tuberculosis in Gateshead 1938-1957

Statistics of the Chest Clinic

I give below the up-to-date position in relation to the incidence of tuberculosis and its mortality in the Borough.

	<i>Pulmonary notifications</i>	<i>Pulmonary deaths</i>	<i>T.B.—</i>	<i>T.B.+</i>	<i>Total</i>
1933	283	140	86	136	222
1934	293	135	121	114	235
1935	203	129	70	86	156
1936	201	104	80	106	186
1937	178	118	68	95	163
1938	208	115	72	100	172
1939	183	119	77	101	178
1940	206	129	65	92	157
1941	207	128	93	75	168
1942	208	107	89	107	196
1943	219	106	90	111	201
1944	244	122	125	106	231
1945	218	98	103	99	202
1946	228	75	111	108	219
1947	237	93	119	107	226
1948	232	99	128	98	226
1949	250	91	157	91	248
1950	220	64	139	83	222
1951	227	47	152	74	226
1952	256	45	159	84	243
1953	266	29	155	112	267
1954	201	38	115	86	201
1955	166	23	105	61	166
1956	242	18	148	94	242
1957	125	19	66	59	125

It will be noticed that on the whole both notifications and mortality have progressively fallen, although there are apparent set-backs due to special circumstances, as for instance in 1956, when there was a special mass x-ray survey of the town. In 1957, not only are the cases of open or infectious tuberculosis showing a considerable decline, but also is the number of cases of closed tuberculosis of the lungs, a position that is very satisfactory indeed.

At the end of 1957, the Gateshead Chest Clinic register contained the names of 1,346 persons, of whom 1,226 were cases suffering from pulmonary tuberculosis and 120 from non-pulmonary disease. The pulmonary cases included 600 males, 503 females, 123 children and the non-pulmonary cases included 39 males, 47 females and 34 children.

B.C.G. Vaccination of Contacts

During the year, 1,038 young domestic contacts of cases of tuberculosis were submitted to the tuberculin test along with three others who had not been in contact with the disease. 855 of these infants proved already to have been infected, as did the three other persons who had not been in contact with the disease. Of the 183 negative reactors, 160 were vaccinated with the B.C.G. preparation, 54 babies under 6 weeks, and 19 nurses in the local hospitals. Two other members of the hospital staff were similarly vaccinated.

B.C.G. Vaccination of School Children

This protection was again offered to all school children in the 14th year. In 1957, it was therefore the turn of children born in 1943, of whom 1,196 were offered vaccination, 819 accepted, 800 were tested, 613 proved to be suitable, and of these 576 were given B.C.G.

Infectious Tuberculosis

From the records of the chest clinic there seemed to be 117 cases of infectious tuberculosis in the Borough, 85 being men and 32 women. Included in this figure are the known chronic infectors, on whom much of the anti-tuberculosis effort is concentrating.

Assistance to the Tuberculous

In 1957 25 special recommendations were made to the Housing Committee for priority of rehousing, but only 14 were so rehoused, this being 1.57 per cent of the total corporation houses let to new tenants during 1957.

Assistance with clothing and the loan of invalid aids is another feature of the local authority scheme. The following table summarises the activities under this head:—

<i>Clothing issued:</i>	<i>Assistance given</i>			
People assisted—4	Pyjamas	..	..	2 pairs
	Slippers..	..	..	2 pairs
	Boots or shoes	..	..	2 pairs
	Nightdresses	..	..	2
	Suit	..	..	1
<i>Invalid Aids Issued</i>				
Cases—7	Blankets ..	..	..	5 pairs
	Back rest	..	..	1
	Air rings ..	..	..	2
	Mattresses with cover	..	..	2
	Bedstead	..	..	1
	Dunlopillo mattress	..	..	1

Besides this official action, the Invalid Care Committee controls a voluntary fund which is accrued from donations from various bodies each year and from the sale of the Xmas Seals supplied by the National Association for the Prevention of Tuberculosis. The monies so accumulated have been used to give financial help where this was needed, and especially the money is used to send a voucher for groceries to the value of 25/- to each necessitous household in which there was an incapacitated tuberculous person. A small donation of 5/- was also sent to every tuberculous patient from the Borough in hospital. Altogether the sum of £207 12s. 10d. was disbursed during 1957.

During the year 34 patients were placed in light employment with various firms through the District Resettlement Officer of the Ministry of Labour. 20 others were sent to the Felling Rehabilitation Centre for training. One man was sent to Remploy as a boot and shoe trainee.

In the matter of giving financial help to the tuberculous families it is important that the local authority should not overlap with the activities of the Assistance Board. The co-operation of the Board's officers with the work of the local authority and regional board staff in this matter is specially acknowledged.

Venereal Disease

In connection with the work of the special clinic at the Newcastle General Hospital the health visiting service is used to trace contacts and follow up defaulters. In 1957, only one contact was referred for follow-up, but was not traced. There were 61 defaulters, including 8 children, and these were followed up, involving a total of 340 visits. For some years, a special clinic was held for a few mothers of families, who would have difficulty in attending Newcastle General Hospital. Owing to the small number of these requiring treatment, the special weekly clinic was given up in 1957.

Invalid Aids

A very busy section of the Local authority responsibility under the National Health Service Act concerns the supply of invalid aids. These are normally issued where the doctor or the Matron of the Nursing Association feels that they are necessary. The actual supervision of the issue of the invalid aids is carried out by the Supervisor of the Home Help Service. In a great number of cases the items listed are issued for longer periods of chronic illness and there is, as a result, a considerable wastage due to normal wear and tear, so that fresh supplies of certain appliances are constantly having to be purchased, *e.g.*, air-rings, urinals, sponge rubber mattresses, etc. During 1957, it was noted that quite a number of recipients of these invalid aids, or their relatives, had failed to return appliances after use, and the problem has been put to the Council with the suggestion that perhaps a small token charge might be made. This suggestion was, however, repudiated by the Health Committee, and it seems that the loan of necessary invalid aids will continue as in the past with the unavoidable wastage.

During 1957, the following items were issued on loan:—

Bed table	..	..	..	1
Bed pans	..	..	..	111
Back rests	..	..	..	74
Rubber sheets	..	..	..	94
Air rings and sponge rings	..	..	..	104
Commodes	..	..	..	10
Urinals	..	..	..	84
Pr. Crutches	..	..	..	3
Feeding cups	..	..	..	2
Mattresses	..	..	..	54
Bed cages	..	..	..	7
Wheel chairs	..	..	..	14
Spinal carriage	..	..	..	1
Iron bedsteads	..	..	..	6

(d) Convalescent Holiday Treatment

The Local Authority may arrange a convalescent holiday for invalids who are recommended this form of treatment by their own doctors, and who are unable themselves to procure such treatment. During 1957, application was made on behalf of 37 persons and these were dealt with as follows:—

24 cases admitted to Proctor Memorial Home, Shotley Bridge.

1 case admitted to Brentwood Recuperative Centre, Marple, Cheshire.

1 case admitted to Beechways Court, Southport.

11 applications were withdrawn (either as unsuitable or for personal reasons).

The cost of the service was £305 3s. 6d. and the sum of £88 1s. 4d. was assessed as recoverable. Actually £45 12s. 4d. had been recovered by the end of the year and one assessment for £2 0s. 0d. was written off by decision of the Committee. Five cases were assessed as liable to pay the full cost, 5 part of the cost and in 15 cases no charge was made.

11. Mental Health

(a) Administration

The Mental Health Sub-Committee of the parent Health Committee is particularly charged with the direction of the Local Authority Service under the National Health Service Act in the problem of mental health. The actual work is carried out by three duly authorised officers who are advised by the consultants employed by the Newcastle Regional Hospital Board to deal with mental illness and mental deficiency respectively. Dr. J. J. Justice, the Medical Superintendent of St. Mary's Hospital, Stannington, and his medical staff give every assistance to the duly authorised officers in the conduct of their duties, while Dr. G. McCoull, Medical Superintendent of Prudhoe and Monkton Hospital regularly reviews the mental defectives of the area with a view to advising in the priority allocation of institutional beds and in the final diagnosis of doubtful cases. The Prudhoe and Monkton Hospital provides an observation unit for the close observation and assessment of patients, a facility that is frequently used.

The personnel of the mental welfare sub-committee is given below:—

Chairman: ALD. P. S. HANCOCK, O.B.E.

ALD. J. T. ETHERINGTON	COUN. MRS. M. BELL
„ A. CROSSLEY (Mayor)	„ W. HARLAND
„ W. F. BARRON	„ MRS. A. HUTCHISON
„ J. HUTCHISON	„ MRS. A. E. JEWITT
„ B. N. YOUNG	„ A. V. TURNBULL

(b) Staff

The staff continues to consist of Mr. Mitchell, Miss Ogden and Mr. Gray, who arrange among themselves to give a 24-hour cover for the relevant duties. At the Occupation Centre Miss McDermott, a qualified supervisor, arranges the training of the mental defectives, assisted by three assistant supervisors, of whom one is already a trained mental nurse.

(c) Co-ordination with Regional Board and Hospital Management Committees

No difficulties whatever have arisen at the staff level, but there is in this area a great shortage of accommodation particularly for mental defectives and for persons suffering from senile dementia. In the past the

use of the former Poor Law Institution as a place for receiving a mixed group of persons suffering from mental deficiency or low grade dementia has resulted in a local problem. It is known that the population of the mental departments of Bensham General Hospital is a motley collection of certified and uncertified patients, all of whom need care and supervision of the type given to low grade mental defectives and senile dementias. It may well be that some of these patients who are not certified may require accommodation in the local authority welfare hostels.

(d) Voluntary Associations

There is no voluntary association with which the local authority is in contact.

(e) Training of New Staff

As yet no arrangement has been made to arrange training courses for new staff of the mental health service. It may be that as the 'relieving officers', who were the only persons skilled in this work, retire from the service the great deficiency of skilled and trained personnel will stimulate either the Government Department or the local authorities in concert to arrange for some necessary training.

Mental Illness

In 1957, 327 mentally ill persons were dealt with by the duly authorised officers. Of this number, 306 were admitted to St. Mary's Hospital, Stannington, 263 as voluntary patients and in 43 instances certification under the Lunacy Acts was necessary. Of the remaining 21 mentally ill individuals investigated, 14 were admitted to other mental hospitals, 1 was admitted to a local general hospital, 3 patients were admitted to Fountain View Welfare Hostel, and 3 patients were able to continue at home under supervision, receiving help from the home help service. The number of visits made in connection with mental illness totalled 658.

Mental Deficiency

During 1957, 14 cases over the age of 16 years, 5 males and 9 females were ascertained, together with 11 boys and 6 girls of school age. Of this total, only 8 children, 6 boys and 2 girls and one man and 2 women were regarded as "subject to be dealt with". The children were ascertained as a result of reports of local education authorities. 5 boys and 4 girls, together with 4 men and 7 women were found to be defectives but not subject to be dealt with on any grounds. The 8 children subject to be dealt with as follows:—5 boys and one girl were placed under statutory supervision, and one boy and one girl were admitted to hospital. The adult male and adult female were both placed under statutory supervision and one woman was taken to a "place of safety". All the defectives 'not subject to be dealt with' were placed under voluntary supervision.

At the end of 1957, the register contained the names of 36 boys and 27 girls, together with 203 men and 211 women, a total of 477, of whom 202 are in hospitals, 18 in "places of safety", 5 under guardianship and 145 under statutory supervision. 107 were under voluntary supervision only.

Visits by the duly authorised officers to the homes of mental defectives during the year totalled 191, and visits to complete home reports required by the mental hospital authorities numbered 35. In the area 11 defectives are considered to be in need of hospital care, but there is urgency only in the case of one ambulant low-grade boy. 48 defectives in the area are considered suitable for training at an occupation centre and 16 for training at an industrial centre. Actually 30 of the defectives are already on the register of the local occupation centre, but there is no industrial training, so that the older males, numbering some 22, require training facilities.

Occupation Centre

The Occupation Centre, transferred in 1956 to the Old Fold Day Nursery building, continued its valuable activity during 1957. The Local Authority do appreciate the very valuable effort made by Miss McDermott and her staff to carry out what must be really a most heart-breaking task. Nevertheless, the impression given when one visits is one of great happiness and one is indeed agreeably surprised to see some of the products which are manufactured by the pupils with the assistance of the supervisors.

At the end of the year there were 36 names on the register, but the numbers have been as high as 41 at the end of January. The December figures include 15 boys and 11 girls under 16, together with 5 boys over 16 and 5 girls over 16. The presence of boys over 16 years has been tolerated because there is no training centre for them at the moment. When suitable premises become available it is recommended that something should be done to establish a training centre for a number of cases who would benefit. The female defectives could continue to be catered for in the occupation centre.

Four Durham County children are attending by arrangement with the County Council.

The Gateshead children attending the centre are collected at various points near their homes by the clinic ambulance and brought by car through the somewhat risky roads of the Borough to the Old Fold area. They are similarly returned to their homes at the end of their day's work.

Out of a possible total attendances of 7,643, 6,427 were recorded.

In the centre medical examination takes place twice a year. The children and staff are fed at mid-day with food prepared on the premises by a cook and an assistant. All the children take the dinners and those under 18 years receive free milk. At the end of the year 5 children were receiving free dinners.

Cleanliness inspections are regularly made and a number of children found to have nits were cleansed.

During 1957 there were four admissions to the centre and five children left, 3 to be admitted to a mental deficiency institution, one to help a sister at home, and one boy had to be discharged because of his un-

desirable behaviour. The following infectious diseases were recorded in the centre:—measles 2, scarlet fever 2, mumps 1, pneumonia 3 (1 died), dysentery 2. The influenza of the autumn affected most of the staff and the children.

One 16-year old boy having treatment in hospital was discharged as cured of tuberculous bone disease and one other child was subjected to tonsillectomy. Two of the children were referred to the orthopaedic surgeon.

As might be expected in a temporary building put up during the war, and now nearly 15 years old, the repairs tend to be heavy, a circumstance that is greatly aggravated by the vandalism carried out in the way of breaking windows, tearing down fences or throwing stones down chimneys, all of these necessitating fairly extensive repair work. The outside of the building was also painted in 1957. A summer outing was held at the seaside as a result of the combined efforts of the parents and staff for all the children. Similarly, a sports day attended by the parents was held at the centre. On December 5th, the Mayor and Mayoress, members of the council and other staff of the health department, together with parents and friends, attended an open day at which the work of the centre was exhibited. A Christmas Party was given to the children on December 12th, and attended by Dr. M. B. Herbst.

The following table reproduces the statutory return made to the Ministry of Health with reference to the position of mental defectives at the end of 1957:—

		<i>Under age 16</i>		<i>Age 16 and over</i>	
		<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
1. Particulars of cases reported during 1957:—					
(a) Cases ascertained to be defectives “subject to be dealt with”:—					
Number in which action taken on reports by:—					
(1) Local Education Authorities on children:					
(i) While at school or liable to attend school		6	2	—	—
(ii) On leaving schools		—	—	1	—
(iii) On leaving ordinary schools		—	—	—	—
(2) Police or by Courts		—	—	—	—
(3) Other sources		—	—	—	2
Total of 1(a)		6	2	1	2
(b) Cases reported who were found to be defectives but were not regarded as “subject to be dealt with” on any ground		5	4	4	7
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b) ..		—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1956, and are thus excluded from (a) or (b)		—	—	—	—
Total of 1(a)-(d) inc		11	6	5	9

				<i>Under age 16</i>		<i>Age 16 and over</i>	
				<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
2. Disposal of cases reported during 1957							
(The total of 2(a), (b) and (c) must agree with that of 1(a) and (b) above)							
(a) Of the cases ascertained to be defectives "subject to be dealt with" (<i>i.e.</i> at 1(a), number:							
(i)	Placed under Statutory Supervision	..	..	5	1	1	1
(ii)	Placed under Guardianship	..	..	—	—	—	—
(iii)	Taken to "Places of Safety"	..	..	—	—	—	1
(iv)	Admitted to Hospitals	..	..	1	1	—	—
Total of 2(a)				6	2	1	2
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (<i>i.e.</i> at 1(b)), number:							
(i)	Placed under Voluntary Supervision	..	..	5	4	4	7
(ii)	Action unnecessary	..	..	—	—	—	—
Total of 2(b)				5	4	4	7
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged							
Total of 2(a)-(c) inc				11	6	5	9
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1957 and admitted to							
(a)	National Health Service Hospitals	..	..	—	—	1	1
(b)	Elsewhere	..	..	—	—	—	—
Total				—	—	1	1
4. Total cases on Authority's Registers at 31/12/57							
(i)	Under Statutory Supervision	..	..	19	13	69	44
(ii)	Under Guardianship	..	..	—	—	1	4
(iii)	In "Places of Safety"	..	..	—	—	8	10
(iv)	In Hospitals	..	..	12	11	74	105
Total of 4(i)-(iv) inc				31	24	152	163
(v)	Under Voluntary Supervision	..	..	5	3	51	48
Total of 4(i)-(v) inc				36	27	203	211
5 Number of defectives under Guardianship on 31st December, 1957, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (included in 4(ii))							
				—	—	—	—

					<i>Under age 16</i>		<i>Age 16 and over</i>	
					<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
6 Classification of defectives in the Community on 31/12/57 (according to need at that date)								
(a) Cases included in 4(i)-(iii) in need of hospital care and reported accordingly to the hospital authority:—								
(1) In urgent need of hospital care:—								
(i)	"cot and chair" cases	..	..	..	—	—	—	—
(ii)	ambulant low grade cases	..	..	..	1	—	—	—
(iii)	medium grade cases	..	..	..	—	—	—	—
(iv)	high grade cases	..	..	..	—	—	—	—
Total urgent cases					1	—	—	—
(2) Not in urgent need of hospital care:—								
(i)	"cot and chair" cases	..	..	..	1	1	1	3
(ii)	ambulant low grade cases	..	..	..	—	—	2	—
(iii)	medium grade cases	..	..	..	2	—	—	—
(iv)	high grade cases	..	..	..	—	—	—	—
Total non-urgent cases ..					3	1	3	3
Total of Urgent and Non-urgent cases					4	1	3	3
(b) Of the cases included in items 4(i), (ii) and (v), number considered suitable for:—								
(i)	occupation centre	..	..	..	15	10	6	17
(ii)	industrial centre	..	..	..	—	—	16	—
(iii)	home training..	..	..	..	—	—	—	—
Total of 6(b)					15	10	22	17
(c) Of the cases included in 6(b), number receiving training on 31/12/57:—								
(i)	In occupation centre (including voluntary centres)	..	..	..	15	10	5	5
(ii)	In industrial centre	..	..	..	—	—	—	—
(iii)	From a home teacher in groups	..	..	..	—	—	—	—
(iv)	From a home teacher at home (not in groups)	..	..	..	—	—	—	—
Total of 6(c)					15	10	5	5

Circ. 19/57—Cases dealt with under Section 8 of the Education (Miscellaneous Provisions) Act, 1948 — Nil.

12. Priority Dental Services

Report of the Chief Dental Officer

Treatment of Expectant and Nursing Mothers and Children under Five Years

All forms of dental treatment were carried out at the Authority's Health Centre. During the year two dental officers resigned, Mr. Ebrahim, B.D.S., and Mr. Whittingham, B.D.S., on 31st January and 30th November, respectively. Replacement appointments only became effective when

Mrs. I. F. Jones, B.D.S., commenced her duties on the 1st May, 1957, and Mr. Naru commenced his duties on the 2nd December as a part-time dental officer for six sessions per week. These interruptions caused a loss of one-third of a dental officer's time over the year.

(a) Dental Inspection or Examination

The same procedure was used as in previous years, and of the number of expectant and nursing mothers 65.2% were found to need treatment, an increase of 15.4%, and of these approximately 44.7% accepted and received treatment, a decrease of 4.5%.

The periodic inspection of children under five years was, as in the past, confined to those attending the Authority's Nursery Schools and Residential Nurseries, the remaining inspections being done for children brought to the clinic when in dental trouble. The number found to be in need of treatment remains almost stationary at 88.1% and all of these received treatment of one kind or another.

(b) Dental Treatment

Facilities exist for a comprehensive dental treatment to be given. It would appear from the figures quoted in the appended table that greater advantage is taken of the denture service than of the conservation service of the authority, and indeed observation tends to bear this out by the frequency with which the expectant and nursing mothers change their mind and come to the clinic for treatment when they learn that they have a fee to pay to a private practitioner for dentures. In addition to the dentures fitted as shown in the table, 26 dentures were repaired and 2 dentures were relined.

(c) Arrangements for the Provision of Dentures

As in past years all denture work is carried out in the Health Centre's Dental Laboratory which is staffed by one senior technician in charge and one senior technician.

(d) Facilities for X-ray Examination

These facilities exist both at the Authority's Health Centre and at the Carr Hill Clinic, x-rays being taken as and when they are found necessary. The number taken for these services during the year was 34.

Tables recording treatment given to Priority Dental Services are appended.

A. Numbers Provided with Dental Care

	<i>Examined</i>	<i>Needing treatment</i>	<i>Treated</i>	<i>Made dentally fit</i>
Expectant and Nursing Mothers ..	1,775	1,159	519	346
Children under Five Years ..	251	224	260	255

B. Forms of Dental Treatment Provided

	<i>Scal- ing and gum treat- ment</i>	<i>Fill- ings</i>	<i>Silver nit- rate</i>	<i>Crowns or in- lays</i>	<i>Extr- actions</i>	<i>Gen- eral anaes- thetics</i>	<i>Dentures Provided</i>		<i>X-rays</i>
							<i>Full upper or full lower</i>	<i>Part upper or part lower</i>	
Expectant and Nursing Mothers	237	145	—	2	1,504	270	219	41	34
Children under 5 years	10	21	10	—	581	248	—	—	—

13. Orthopaedic Treatment

Report by Mr. A. E. Bremner, F.R.C.S.

22 orthopaedic clinics were held at Greenesfield Health Centre during 1957.

New Cases

80 new cases were examined; of these 54 were school children who made 84 visits, and 26 were children under school age who made 41 visits.

Cases already under Treatment

In addition, 105 old cases made 168 visits to the orthopaedic clinic. Of these, 79 were school children who made 124 visits, and 29 were children under school age who made 44 visits.

A summary of the defects found is presented herewith.

					<i>New cases</i>	<i>Old cases</i>	<i>Visits</i>
<i>Congenital defects</i>							
Erb's Palsy	..	..	..	..	—	1	2
Amputation	..	..	..	..	—	1	1
Torticollis	..	..	..	..	—	1	1
Talipes	..	..	..	..	—	1	2
Deformities	..	..	..	..	3	4	12
					—	—	—
					3	8	18
					==	==	==
<i>Deformities of feet</i>							
Flat feet	..	..	..	..	13	15	45
Hallux valgus	..	..	..	..	1	1	3
Eversion	..	..	..	..	2	2	5
Adduction deformity terminal phalanges					1	17	25
Toe deformity	..	..	..	..	4	2	8
Flexion deformity	..	..	..	..	—	1	1
Cavus deformity	..	..	..	..	1	—	1
Hammer toe	..	..	..	..	1	—	1
Prominence of os calcis			..	..	1	—	1
Hypertrophy	..	..	..	..	—	1	1
					—	—	—
					24	39	91
					==	==	==

<i>Diseases of bones and joints</i>					<i>New cases</i>	<i>Old cases</i>	<i>Visits</i>
Osteogenesis imperfecta	..	..	..	..	—	1	2
T.B. Spine	..	..	..	..	—	1	2
					—	—	—
					—	2	4
					==	==	==
<i>Nervous diseases</i>							
Hemiplegia	..	..	..	..	2	2	7
Sequelae to polio	..	..	..	..	1	5	13
Cerebral palsy	..	..	..	..	1	14	26
					—	—	—
					4	21	46
					==	==	==
<i>Postural defects</i>							
Scoliosis	..	..	..	..	2	4	12
Lordosis	..	..	..	..	—	2	2
Kyphosis	..	..	..	..	2	—	7
Defective posture	..	..	..	..	—	1	4
Torticollis	..	..	..	..	—	2	3
					—	—	—
					4	9	28
					==	==	==
<i>Miscellaneous</i>							
Exostosis	..	..	..	..	2	1	3
Intoed gait	..	..	..	..	—	1	1
Pains in feet	..	..	..	..	2	—	4
Knock knees	..	..	..	..	10	8	28
Bow legs	..	..	..	..	3	3	11
Shortening of leg	..	..	..	..	—	3	4
Friedreich's ataxia	..	..	..	..	—	1	2
Old fractures	..	..	..	..	1	—	1
Wasting of leg	..	..	..	..	1	—	2
Cyst on cartilage	..	..	..	..	1	—	1
Paralysis of foot	..	..	..	..	—	1	1
Others	..	..	..	..	—	1	1
Nil abnormal	..	..	..	..	25	9	47
					—	—	—
					45	23	106
					==	==	==

Appliances

15 school children were recommended appliances; 15 were supplied.
2 pre-school children were recommended appliances; 2 were supplied.

Alterations to shoes (valgus wedges) were carried out during the year as follows:—

Education	86 cases
Maternity and Child Welfare	34 cases

14. Health Education

Long and bitter experience in this field suggests that there are two main difficulties. One is that the propaganda is addressed largely to the converted, with whom emphasis on health may influence the emergence of anxieties and the associated neurosis. The other difficulty is that one

really desires to influence persons who are already deaf to all propaganda, whether it be related to health, economics or other aspect of civilised life. As judged by the numbers of children being immunised and vaccinated, more than half the population of Gateshead is made up of families who are difficult to influence in these matters. Personal exhortation in these circumstances is probably the most likely to succeed, and it is therefore one of the most important duties of the health visitor to endow, if it be possible, the mothers on her district with a sense of responsibility in such matters as hygiene of food and feeding, the suppression of vermin and other pests, and protective inoculation of the young. Perhaps the best way in which to re-inforce this personal propaganda is through the attendance of the mother at the welfare centres and school clinics, where doctors and dentists can drive home the lessons to be learned. In the clinics every advantage is taken to assault the eyes as well as the ears with valuable advice. Thus, the journal *Better Health* is distributed, to the number of 300 per month among various mothers attending the welfare centres. Copies of the *Family Doctor*, sponsored by the British Medical Association are also sold in the Borough, but the demand for these seems to be falling off, although the periodical can be bought at any newsagents. In the two local authority health centres, use is made of the health exhibition stands to display posters emphasising the various matters of current interest. Copies of the *Guide to the Health and Social Services of the Borough*, first published in 1956, are being distributed slowly to the people. Mention must also be made of the birthday card, which is sent to the parents on the first birthday of each child, reminding them of the necessity for immunisation against diphtheria and whooping cough.

Members of the staff take part, from time to time, in giving talks to various interested bodies on matters such as home nursing and personal hygiene. Thus four of the health visitors have helped in the courses sponsored by the British Red Cross Society and by the Girl Guides in these matters.

The Royal Society of Health held a special sessional meeting in Gateshead on the 6th June, 1957, under the chairmanship of Sir Arthur Massey, Chief Medical Officer of the Ministry of National Insurance. Two very pertinent papers were given to representatives of the local authorities of the north-east. Dr. Tilley, County Medical Officer, Northumberland, read a paper on "Social Workers and the Health Department", while Mr. Lavender, the Chief Public Health Inspector, talked of the Clean Air Act, 1956, and the initial steps for its implementation. Both papers were much appreciated, and gave rise to intelligent discussion, which was reported in the local press. After lunch, the delegates were given the choice of three visits to the Technical College, Messrs. Clarke Chapman's Works, and to the modern tailoring factory of Messrs. Jackson the Tailor.

In July, the Annual Conference of the British Medical Association took place in Newcastle and the matters discussed at the plenary sessions were of course fairly widely reported. Your medical officer was one of a number of speakers at a plenary session dealing with the subject of immunisation against infectious disease.

15. Problem Families

It appears that there are some 107 families living in the Borough who present great problems arising from their low standards of hygiene, their poor housing conditions and their general inability to cope with the stresses of modern life. In short, there appears to be 107 problem families, as they are usually called. In no less than 60 of these families there are conditions of gross overcrowding allied to insanitation. In this group are some large families who, through their poverty, have had to gravitate to houses with a low rental. Indeed some of the families concerned have been evicted from both council and privately owned houses for non-payment of rent. Falling into debt is a very common feature of the social habits of the problem family, an indication of an incapacity or even unwillingness of the parents to manage their affairs properly. As the housing conditions of these families become so depressing there arises an inability to realise any possibility of improvement due to a stagnation of both mental and physical outlook. In the main, the houses of the problem families are filthy, poorly furnished and offensive.

Naturally, mental ill-health enters into the picture in connection with the problem families, among whom at least 35 manifest mental retardation or mental illness in one or both parents. In 19 other families the father is considered to be workshy and lazy, and in 4 others the father is alleged to be an alcoholic who consistently drinks or gambles away his wages. In 19 of the "families", there are matrimonial disharmonies or concubinage of the parents. The presence of children in such households has attracted much attention from interested parties. In 26 instances the families are under constant supervision by the Inspector of the N.S.P.C.C., and in 10 others the children had been at some time in the care of the Local Authority. Two of the parents had served jail sentences and in one instance the parent was on probation.

This broad statement only hints at the complexity of the factors related to the continued existence of problem families. Many agencies, official and voluntary, combine in their efforts to help such people, in spite of their deficiencies and their generally undeserving state. Through the Housing Committee, efforts are made to find better housing conditions as quickly as possible in local circumstances. The Health Committee, through its officers, gives advice and supervision. The health visitors are constantly trying to assist the family in the many possible ways. This assistance is not always accepted and indeed is sometimes peremptorily rejected. Considerable patience has therefore to be exercised by the health visitors before any measure of success is achieved. Similar remarks apply to the public health inspectors, who try to use their sanitary powers for abatement of nuisances as humanely as possible.

Possibly the most valuable help that can be afforded to the families in question is the services of a skilled and tactful home help, who may give a family a new start and may even take over the management of the family's finances for a short time, thus showing the housewife how better to manage her affairs. Such access of the home help to the household is very often begun during a confinement or during illness in the mother.

As the logical termination to the situation in these difficult cases is often that the local authority has to take the young children into care at considerable expense to other members of the community, every effort must be made to prevent such an issue. Collaboration has to be maintained through the N.S.P.C.C. officers, the Children's Officer, the Probation Officer, the Home Help Supervisor and various other voluntary agencies such as the W.V.S. No dramatic results are ever to be looked for, but rather efforts to help must be continued during the whole existence of the problem family.

C. LOCAL EXECUTIVE COUNCIL

(Part IV of the National Health Service Act)

Through the kindness of the Secretary of the Local Executive Council, I am able to furnish the following information about the Council Service for the financial year ending March, 1958:—

1. General Medical Service

110,029 persons were registered on the lists of doctors in the area, which represents a decrease of 562 on the corresponding figure of last year. Altogether there were 88 doctors on the medical list, of whom 46 reside in and have surgeries in Gateshead. Only 41 of these are fully active.

The average number of persons on the resident doctors' lists is 2,740, this number including full-time assistant doctors. The area continues to be classified as "open" for the purpose of admission of new doctors to the medical list.

In the obstetric list, 33 resident doctors of the Borough have been included and 962 women received maternity medical attention during 1957. In 554 cases the doctor was present at the confinement and 857 patients received the full maternity service. In 112 cases either ante-natal care, including attendance for miscarriages or post-natal care only was given.

The amounts paid to doctors during the year ended 31st March, 1958, were as below:—

	£
Capitation payments	96,275
Additional "loadings"	21,678
Temporary residents	878
Maternity medical services	6,627
Initial practice allowance	500
Supplementary Annual Payment	383
Balance Payments for Previous Years	11,829
	<hr/>
	138,170
	<hr/>

2. Pharmaceutical Services

There were 28 chemists' shops (20 chemist contractors) under agreement to dispense medicine, drugs and scheduled appliances, and 4 contractors supplying surgical appliances (2 situated outside the Borough). The total payments to chemists in the year (including rota payments) was £130,234, and there were 506,807 prescriptions. The average cost per prescription was 6/1.54d. The amount paid by patients amounted to £25,344.

3. Dental Services

There were 23 dentists on the list. 4 dentists each employed one full-time assistant. The cost of this service during 1957 was £68,365 in addition to £17,240 paid directly by the patients.

4. Ophthalmic Service

Seven ophthalmic medical practitioners and 28 ophthalmic opticians were under agreement with the ophthalmic services committee to test sight and dispense glasses. Two dispensing opticians are also under contract with the Council. Four of the ophthalmic medical practitioners, 17 (4 premises) of the ophthalmic opticians and one of the dispensing opticians practise outside the Borough. The cost of sight testing amounted to £9,160 as against £9,208 in the previous year.

During the year, 11,810 pairs of glasses were approved for supply as follows:—7,805 were prescribed a single pair of glasses, 815 bifocal glasses, 2,906 two pairs of glasses and 284 single lenses to one pair.

68 persons have applied to opticians to have glasses, previously supplied to them under the National Health Service, repaired or replaced. In 35 of these cases, the Ophthalmic Services Committee was satisfied that the breakage or loss was due to personal carelessness and no charge fell on public funds, apart from 13 cases which were allowed on the grounds that payment would involve the applicant in financial hardship. 772 school children applied for replacement or repair of their glasses, which was approved in 327 cases. During the year, the Committee decided to use its powers under the Regulations to recover from the Local Education Authority the cost of replacement or repair of the glasses of 445 school children where there was evidence of lack of care on the part of the pupil.

The amount paid from public funds for the supply, repair and replacement of glasses amounted to £13,017, of which sum £321 was recovered from the Local Education Committee. Charges paid by patients amounted to £12,742.

1,175 sight tests were given to children of school age and under at the Greenesfield Health Centre by the Ophthalmologists, Mr. H. Vernon Ingram and Mr. J. S. Arkle.

D. OTHER HEALTH SERVICES

1. School Health Service and Clinics

In Gateshead, the treatment arrangements for children of school age and under have been unified so that minor ailments, ophthalmic, orthopaedic, dental and artificial sunlight treatment is available to children under 15 years of age.

For the purposes of making the survey of the local health services comprehensive, the following statistics of the annual report on the school medical services are included. School children on the register at the end of the year numbered 17,366. Of these, 4,967 were submitted to routine medical examination on entrance, at 11 years of age, and on leaving. 54.7 per cent. of the parents of children examined by routine were present at the inspection. The nutrition of the children examined at school medical inspection was assessed as good in 98.76 per cent. of the children, a satisfactory figure for Gateshead. 1,474 children attended the minor ailments clinic, 814 school children were prescribed spectacles for errors of refraction, but the waiting list for ophthalmic investigations at the end of the year numbered 54 names. The orthoptic service, which was started in 1948, continued during the year, when 334 children received treatment.

At the end of the year there were three special schools under the Local Authority, the Joicey Road Open Air School with 138 children, the Cedars Special School for Physically Handicapped Children with 32 pupils (15 resident), and the Hindley Hall Special Residential School for Educationally Subnormal Children with 45 pupils.

2. Gateshead Dispensary

In the case of the Gateshead Dispensary, a clinic for the treatment of psychosomatic conditions has been carried on by Dr. J. C. Hall, since the appointed day under the National Health Service Act. I am indebted to Dr. Hall for permission to include the following extract from his report on the work of the clinic:—

“Number of Patients treated during the year	..	50
Admissions	.. .. .	21
Discharges	.. .. .	22
Day Sessions	.. .. .	734
Evening Sessions	.. .. .	315
	—————	1,049
Hypnosis Sessions	.. .. .	225
Gas Sessions	.. .. .	67

Patients are drawn from the immediate locality and as far away as Stockton, Blyth and South Shields.

The records of patients discharged are as follows:—

Drug Addict	.. .. .	1	No change.
Asthma	.. .. .	4	All attacks ceased (for one yr.

Depression	..	..	..	2	Improved. Situation doubtful.
Anxiety	..	..	..	7	Definite improvement.
Smokers	..	..	..	3	All in control of habit.
Migraine	..	..	..	1	Attacks ceased.
Enuresis	..	..	..	1	No change.
Psychopath	..	..	..	1	No change.

Hypnosis is the highlight of this year, and has been used in treatment to a far greater extent than ever before.

The best results were obtained in the treatment of:—

1. Habit of smoking.
2. Asthma.
3. Stammer.
4. Erythema of the skin.

All these conditions were treated with hypnosis.”

PART III

PREVENTION AND TREATMENT OF DISEASE

A. INFECTIOUS DISEASES

The following summary presents the information relating to the prevalence of infectious diseases as known to the Health Department in 1957:—

<i>Diseases</i>	<i>Cases notified or otherwise known</i>	<i>Removed to Isolation Hospital</i>	<i>Corrected No. of Cases</i>	<i>Deaths</i>	<i>Deaths in Isolation Hospital.</i>
<i>Notifiable</i>					
Scarlet fever	279	120	266	—	—
Whooping cough	102	1	99	—	—
Diphtheria	—	—	—	—	—
Measles	2,353	24	2,355	—	—
Acute primary and influenzal pneumonia	317	249	299	78	21
Meningococcal Infection ..	6	18	6	1	—
Acute Poliomyelitis:					
Paralytic }	8	8	1	—	—
Non-paralytic }			1	—	—
Acute Encephalitis:					
Infective	4	1	4	—	—
Post-infective	1	1	1	—	—
Dysentery	269	19	278	—	—
Ophthalmia Neonatorum ..	—	—	—	—	—
Puerperal Pyrexia	25	—	25	—	—
Enteric fever	4	4	4	—	—
Erysipelas	10	2	10	—	—
Scabies	28	1	28	—	—
Food Poisoning	22	5	22	—	—
Tuberculosis:					
Respiratory	129	89	126	19	6
Meninges or C.N.S. ..	2	2	2	—	—
Other	16	10	16	1	1
<i>Non-notifiable</i>					
Pemphigus neonatorum ..	—	—	—	—	—
Glandular fever	1	—	—	—	—
Chicken pox	1	1	—	—	—
Mumps	3	3	—	—	—
Infective Hepatitis	19	2	—	1	—
Rubella	—	—	—	—	—
Gastro-enteritis	24	24	—	5	3
Dysentery carriers	146	—	—	—	—
Salmonella carriers	14	—	—	—	—
Ringworm: Scalp	—	—	—	—	—
Body	5	—	—	—	—

In 1957, there were 3,543 verified cases of notifiable disease in Gateshead, as compared with only 1,564 in 1956. The great difference is due to the very severe epidemic of measles in the spring.

The principal epidemiological features during the year were the spring epidemic of measles, a fairly high prevalence of dysentery, including a school outbreak, a mild prevalence of mumps in March, and

an epidemic of Asian Influenza in September and October, which was probably responsible for the large increase in pneumonia deaths recorded in the above table.

1. Notifiable Diseases

Scarlet Fever

Scarlet fever showed a slightly increased prevalence, as compared with 1956 and 1955, but the infection on the whole remained non-virulent. In hospital a few complications were seen, no doubt the result of treatment with the newer drugs.

Whooping Cough

This disease was of low prevalence during the year, the cases being evenly distributed throughout 1957.

Diphtheria

No case of diphtheria was encountered during the year.

Measles

At the end of 1956 there were signs of an increasing incidence of measles. In the last week of November, 26 cases were notified, previous notifications being less than 10. In the second week of December, the notifications fell to 12, in the third week they rose to 39, in the 4th week they fell to 18 and in the last week of the year rose to 56. Thereafter there was a steep ascent of weekly notifications, so that in the third and fourth weeks of March a peak of 268 notifications was reached. The weekly notifications tapered off very quickly thereafter and reached the non-epidemic level about the middle of May. This behaviour of a six months' incidence of measles is fairly characteristic in the recent history of measles which seems to have resumed its more regular trend with an interval of 18 months to two years between the peaks of the epidemic waves. Very fortunately there were no deaths recorded among the 2,355 cases of measles within the Borough, although some 32 patients had to be sent to the isolation hospital, and half of these suffered from broncho-pneumonia. In hospital one case was complicated by appendicitis, the diagnosis being verified at the operation, and another by encephalitis.

Pneumonia and Influenza

An epidemic of influenza in keeping with the pandemic of Asian Influenza began about the middle of September and was first noted among the school children. In the week ending 7th September, the percentage of children absent with sickness was 4.7 and in the next week it increased to 9.3 per cent., and in the following two weeks to 26.3 and 34.9 per cent. respectively. In the same way, notifications of pneumonia increased from one in the first week of September to three in the second, 7 in the third, 22 in the fourth and continued as double figures until the week ending the 19th October.

The sickness claims at the Ministry of National Insurance showed a fairly sharp increase in the week ending the 17th September, when 808 were recorded, and in the following four weeks the figures reached were 1,754, 2,030, 1,917 and 1,339 respectively. The epidemic, as a whole, seemed to have run its course by the end of October.

It was noted that infants and very young children seemed to have escaped. While the disease was mild generally, it affected rather severely those who had a tendency to bronchitis and other chest complaints and who were, in addition, elderly. The pneumonia notifications of death which were recorded referred mainly to adults in late middle age or over 65 years.

Among the cases in hospital the bacteriology associated with the pneumonias was most commonly a staphylococcus aureus, usually sensitive to penicillin and other antibiotics. There were three exceptional deaths of children under the age of 15, in whom death was fairly rapid after the onset and where there were somewhat characteristic and ominous symptoms of peripheral vascular failure and haematemesis. Post-mortem in these cases showed intense inflammation of the trachea amounting almost to ulceration and there were also petechial haemorrhages in the gastric mucosa.

One of the earliest signs of a visitation of influenza was a sudden infectious illness among the school children in residence at the Dukeshouse Wood Camp School at Hexham during the second week of September. In the school the children from Middlesbrough were more extensively affected than the Gateshead children who shared the camp during the normal stay of two weeks.

Meningococcal Infection

In 6 of the cases sent to hospital this diagnosis was verified, and 5 recovered under treatment with penicillin and chemotherapy, the exceptional case dying from the fulminating type of the disease, being ultimately an outward transfer to Felling U.D.C. One child died in the ambulance of this condition in the last week of the year.

Poliomyelitis

In 1957 only 2 cases of poliomyelitis were noted in the Borough; one a paralytic case, aged 6 years, with slight paralysis of the right leg, occurred in December, and the other, a non-paralytic case aged 8 years, occurred in the autumn. Both made complete recoveries.

Encephalitis

4 cases in hospital were considered to have suffered an attack of encephalitis, as shown by an abnormal cerebro-spinal fluid, and they all made a relatively rapid recovery. One of these cases came from Whickham and was diagnosed in Sheriff Hill Hospital. There was one case of post-infective encephalitis, a child of a year and 8 months, who was admitted to isolation hospital suffering from measles.

Dysentery

This disease was fairly prevalent in the first half of 1957 and gradually tapered away in the autumn, so that only 8 cases were ascertained in the last quarter of the year.

It is one of the most puzzling problems of modern epidemiology to work out a scheme for the effective control of dysentery. The number of cases that come to light are actually only a fairly small percentage of the total of cases who have been infected. This statement is well-founded and can be proved by experience with school outbreaks. Thus, in Sunderland Road Infants' School one's attention was drawn to the incidence of diarrhoea and school absences in five classes of children aged 5 to 7 years. In a great many cases these were not seen by a doctor and in other cases they were seen by the doctors and treated symptomatically without any effort being made to ascertain the cause. Nevertheless, a proportion of the children who were off sick were notified and verified to be cases of Sonne Dysentery. Among the families of these children it was common to find others who had a history of recent diarrhoea, and others also who were carrying the Sonne Dysentery organisms and yet denied the occurrence of symptoms. In these circumstances, it is exceedingly difficult to exercise any control over the disease, but an issue of a fairly powerful and non-poisonous antiseptic was made to the affected school. It was suggested that the children should wash their hands, and thereafter rinse them in a bowl of this antiseptic solution after visiting the toilet. This measure may have helped in dealing with the school outbreak, but even so the cases and carriers connected with the school in question were only a small number of the total number of dysentery cases and carriers who were ascertained.

As dysentery has now settled down into an endemic disease with epidemic outbursts, it seems that the only worth-while prophylactic measure is the inculcation of the hygienic lesson that after the use of any sanitary convenience the person concerned should scrupulously wash his hands in soap and water and possibly also rinse them in some antiseptic. Recent studies have shown that the seat, the chain and the door handle of water closets may easily be infected by dysentery organisms derived from some user of the appliance. With so many persons infected at any given time the recommended precaution is a necessity before taking any food as well as after the use of the water closet.

Enteric Fever

Although 4 cases are recorded in the table, 2 of these were cases of paratyphoid B. fever belonging to Blaydon and Whickham respectively, who were admitted to hospital and diagnosed there as suffering from this infection. There was one case of paratyphoid B. fever from the Borough, a child of 8 years, whose infection was due to Phage Type Dundee, the source of which could not be ascertained as all the family contacts yielded negative specimens of faeces. One case of typhoid infection came to light, a woman of 72 years who was admitted to the isolation hospital yielding an untypable Vi strain of the organism. This patient's illness was

exceedingly atypical; her symptoms failed to improve, she became jaundiced and died. Post-mortem examination showed a coincident cancer of the liver with secondary deposits in the lung. The family in this case were unco-operative and refused to supply samples for bacteriological investigation.

Erysipelas

Only 10 cases of erysipelas came to light, and in only 2 cases was hospitalisation necessary.

Scabies

This disease remained of very low incidence, and in one case treatment was given in hospital.

2. Non-notifiable Disease

Information under this heading comes chiefly from the school welfare officers who very kindly let us know when infectious disease has been certified as a cause of school absences. Some other information reaches us from the isolation hospital, and also from the Public Health Laboratory Service. There was some prevalence of mumps in the spring, and throughout the year cases of infectious jaundice (hepatitis) were noted. In one case treated in hospital, the disease was really Weil's Disease, apparently contracted from laboratory sources.

24 cases of non-specific gastro-enteritis were treated in the isolation hospital, and there were two deaths from this disease in infants in whom the toxæmia rather than the dehydration led up to the fatal issue. There were two other deaths at home also ascribed to this cause.

Sickness Claims

From the Ministry of National Insurance it has been ascertained that the average number of weekly claims for sickness benefit ranges from 350 to 500. Any great excess of this number would indicate the prevalence of some acute infection, and so it has to be noted that the year began with 900 claims in the first week of January, a number which gradually fell to reach the average in April. In the second week of September the number of claims increased tremendously until the end of October, reaching the high figure of 2,030 claims in one week. At the end of October, the number had become stabilised at the average level again. There is no doubt that this autumnal increase of sick claims was related to the Asian Influenza outbreak.

3. Supervision of Contacts

The contacts of infectious disease who were kept under surveillance in 1957 were limited to the intestinal carriers of dysentery and salmonella infections. Altogether 146 dysentery and 14 salmonella carriers were supervised, all of these being asymptomatic.

It was necessary to suspend one convalescent dysentery case and two carriers from work in connection with food handling until negative bacteriological examinations were reported. These persons suffered no financial loss, their sick benefit under the National Insurance Scheme being made up by the Corporation to the average level of their weekly wage. A similar policy was followed in the case of a man infected with *Salmonella Anatum*, but a patient who worked in a hospital kitchen was stopped from working and was not compensated as she was already receiving sick pay.

Infestation and Uncleanliness

Verminous infestation of the body is now exceptional in Gateshead, the few cases that are encountered being largely aged people living alone and in need of care and attention. Occasionally complaint is made of fleas in their case, but the more usual infestation is by lice.

Among school children verminous infestation of the scalp continues but the degree of infestation is, on the whole, very much less than used to be the case before the invention of the D.D.T. and similar insecticidal preparations. At long last it appears as if the work of the school nursing service is bearing fruit, but the position is not one that should be regarded as final, for relapses can occur, and in certain adults of low intelligence a severe infestation of the head can be seen.

Another parasite of man that used to be all too common is the bed bug, which has been fairly well eradicated by the use of the new chemical preparations, so that in 1957 there were only 200 instances in which action was taken to disinfest the house or furnishings. This figure has to be related to the total of 34,000 houses in the Borough.

B. SUSPECTED FOOD POISONING AND SALMONELLOSIS

In accordance with regulations the following return was made to the Ministry of Health:—

1. *Local Authority: Gateshead County Borough. Year: 1957.*

2. *Food Poisoning Notifications (corrected) Returned to Registrar General:*

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
6	6	5	5	22

3. *Outbreaks due to Identified Agents:*

<i>Total Outbreaks*</i>	<i>Total Cases</i>
3	7

*Outbreaks due to:

(a) Chemical Poisons

(b) Salmonella Organisms:—

	<i>Outbreaks</i>	<i>Cases</i>
S. Typhimurium ..	1	3
S. Thomson ..	1	2
S. Heidelberg ..	1	2

(c) Staphylococci (including toxin)

(d) Cl. botulinum

(e) Other bacteria

4 Outbreaks of Undiscovered Cause:

<i>Total Outbreaks</i>	<i>Total Cases</i>
Nil	Nil

5 Single Cases:

<i>Agents identified</i>	<i>Unknown Causes</i>	<i>Total</i>
15	—	15

Salmonella organisms

S. Typhimurium ..	..	8
S. Heidelberg ..	..	2
S. Anatum ..	..	3
S. Newport ..	..	1
S. Enteritidis ..	..	1

Among the contacts were discovered the following symptomless excretors:—

S. Typhimurium ..	..	5
S. Newport ..	..	1
S. Anatum ..	..	4
S. Heidelberg ..	..	4

Salmonella Infections

In Gateshead, the main problem of food poisoning is centred around the prevalence of salmonella infection, which has spread among the population very similarly to Sonne Dysentery. This transmission of infection from case to case has been seen in hospital, and very often noted to involve various strains of organism.

A picture of the recent prevalence of salmonella infection is conveyed in the accompanying tables:—

Salmonella Infections in Gateshead (1936-1957)

P=Patients. C=Symptomless Excretors
(Deaths in parenthesis)

TABLE I

	1936-40		1941-45		1946-50		1951-55		1956-57		Totals 1936-57	
<i>Salmonellosis</i>	<i>P.</i>	<i>C.</i>	<i>P.</i>	<i>C.</i>	<i>P.</i>	<i>C.</i>	<i>P.</i>	<i>C.</i>	<i>P.</i>	<i>C.</i>	<i>P.</i>	<i>C.</i>
<i>S. Typhimurium</i>	9(1)	—	1	—	89(4)	40	49(2)*	26	39	22	187	88
<i>S. Thomson</i> ..	—	—	—	—	14	7	3	3	2	—	19	10
<i>S. Stanley</i> ..	—	—	—	—	3	—	—	—	—	—	3	—
<i>S. Montevideo</i> ..	—	—	1	—	1	—	1	—	—	—	3	—
<i>S. Anatum</i> ..	—	—	—	—	1	—	—	3	3	4	4	7
<i>S. Newport</i> ..	—	—	—	—	1	1	—	—	1	1	2	2
<i>S. Bareilly</i> ..	—	—	—	—	1	1	1	2	—	—	2	3
<i>S. Dublin</i> ..	—	—	—	—	—	2	—	—	—	—	—	2
<i>S. Rubislaw</i> ..	—	—	—	—	—	—	1	—	—	—	1	—
<i>S. Bovis Morbificans</i>	—	—	—	—	—	—	1	—	—	—	1	—
<i>S. Minnesota</i> ..	—	—	—	—	—	—	2	1	—	—	2	1
<i>S. Cholera Suis</i> ..	—	—	—	—	—	—	1	—	—	—	1	—
<i>S. Enteritidis</i> ..	—	—	—	—	—	—	2	1	2	3	4	4
<i>S. Derby</i> ..	—	—	—	—	—	—	1	2	—	—	1	2
<i>S. Virchow</i> ..	—	—	—	—	—	—	1	3	—	—	1	3
<i>S. Cubana</i> ..	—	—	—	—	—	—	1	—	—	—	1	—
<i>S. Poona</i> ..	—	—	—	—	—	—	1	2	—	—	1	2
<i>S. Paratyphy Var.</i>												
<i>Java</i> ..	—	—	—	—	—	—	14	17	—	—	14	17
<i>S. San Diego</i> ..	—	—	—	—	—	—	—	—	1	—	1	—
<i>S. Heidelberg</i> ..	—	—	—	—	—	—	—	—	12	4	12	4
<i>S. Bredeney</i> ..	—	—	—	—	—	—	—	—	—	1	—	1
<i>Total infections</i>	9(1)	—	2	—	110(4)	51	79(2)	60	60	35	260	146

*These were hospital cross-infections. Deaths from tuberculous meningitis and poliomyelitis respectively.

Form of Salmonella Illnesses in Gateshead, 1936-1957

TABLE II

	1936-40	1941-45	1946-50	1951-55	1955-57	Totals
1. Food Poisoning						
Incidents ..	—	—	4	—	1	5
No. of persons involved ..	—	—	24	—	2	26
2. Family Illness						
outbreaks ..	1	—	6	7	3	17
No. of persons involved ..	7	—	15	15	7	44
3. Hospital Cross Infections ..	—	—	17	7	8	32
4. Individual sporadic illnesses ..	2	2	54	57	43	158

The procedure applicable to ascertained salmonella infection is to try and examine the faeces of all the domestic contacts in a search for carriers, suspending from work such of these as are engaged in the handling of food. The supervision of carriers continues until they are non-infectious, but it is regretted that a number of patients and carriers refuse to co-operate after varying periods of surveillance by refusing specimens for bacteriological examination. Nevertheless, out of 218 patients, 35 carried the organism for longer than two months and 7 for longer than six months. Similarly, out of 145 carriers 10 carried the organism for longer than two months and two for longer than six months.

Salmonella Typhimurium Infection

There was one outbreak involving three cases in a family consisting of parents and six children. The infection was apparently brought into the household by the father, who was the first victim and at intervals thereafter two other members of the family sickened, while bacteriological examination revealed that the five remaining members of the family had been infected although symptom free.

There were 8 other single cases of *Salmonella Typhimurium* infection of undetected origin, and in one of these the infestation changed from *S. Typhimurium* to *Salmonella Bredeney* in the midst of the supervision and this patient has now been excreting *S. Bredeney* for some eight months. These patients were all supervised until non-infectious, but one, a child under supervision, revealed the presence of Sonne Dysentery Bacilli which had replaced *Salmonella Typhimurium* in the course of this supervision.

Salmonella Heidelberg Infection

This organism was responsible for an outbreak in a household consisting of a man and wife and four children, of whom the wife and one daughter of 4 years suffered symptoms, the three other children, also infected, being symptomless. The illness in the child ante-dated that of the mother by nearly two days.

Two other individual cases of illness occurred due to *Salmonella Heidelberg*, one being an 18 year old youth living with his father and a sister. He sickened on the 2nd November, the day before the family outbreak referred to above, although the two families were widely separated and had no contact. The father of this youth proved to be a carrier. Another man, a welder working outside the Borough and living in a large welfare hostel devoted to the reception of the homeless developed gastroenteritis due to *Salm. Heidelberg* on the 10th November. Very fortunately, in his case the remaining members of the family did not become infected, although this family and other persons living in the hostel shared the same sanitary conveniences.

It was impossible to link up these three *Heidelberg* infections with one another.

Salmonella Thomson Infection

An aged woman living with her son developed symptoms of enteritis on the 13th July and the only recollection the patient had of the food consumed included reference to a boiled egg. Faecal examination revealed the presence of *Salm. Thomson*. A week later her son became ill with abdominal pain, and the faeces revealed the same organism.

Salmonella Anatum Infection

There were three individual illnesses due to *Salm. Anatum* in May, June and July. One was an elderly man living with his wife who had consumed some boiled tripe the day before. His wife escaped the infection. Another was a man of 31 years who, with his wife and two children, lived with his parents and his brother. The only other person in the household infected was his wife, and the origin of the infection was not traced. The third case was a married woman living with her husband and two children. She became ill on the 7th July. Sampling of the other members of the household showed that all of them had been infected, although the patient was the only one who had symptoms. She was a cook employed in a hospital, and was suspended from work until the infection had cleared.

Salmonella Newport Infection

The victim of this organism was a man of 47 years who became ill in May. He lived with his wife, his mother-in-law and his two children. One of the children, a youth of 19 years, proved to be a symptomless carrier. The source of the infection here was not traced, but it is possible that he was infected by the son who was a carrier.

Salmonella Enteritidis Infection

A woman of 23 living with her husband and one child suffered an attack of enteritis in August. The faeces revealed the presence of *Salmonella Enteritidis*. The remaining members of the family were uninfected. The patient may have been infected in the factory in which she was employed.

C. TUBERCULOSIS

Report of Dr. S. D. Rowlands,
Consultant Chest Physician, Gateshead

Chest Clinic

The Chest Clinic at the Greenesfield Health Department continued to hold its usual daily sessions until the middle of October when all clinics were transferred to Whinney House Hospital.

Daily clinics were held, mornings and afternoons (except Friday afternoons), together with the usual x-ray clinic on Saturday mornings.

During the year a total of 611 clinics were held (279 at Greenesfield and 332 at Whinney House Hospital) and the following cases were seen:—

New patients—947 (excluding patients attending for x-ray only)
Total attendances — Greenesfield Clinic . . . 6,114
— Whinney House Hospital 3,356

1. *New Cases*

During 1957 there was a great reduction in the number of new cases of tuberculosis diagnosed. This was all the more remarkable as for the previous decade there had been only minor fluctuations in incidence. It would now appear that the influence of modern chemotherapy, together with the pick-up of many unsuspected cases in the Mass Radiography survey of 1956, is making itself felt. It is confidently expected that this reduction in morbidity will continue.

During the year 143 new cases of tuberculosis were added to the notification register (125 pulmonary tuberculosis and 18 other tuberculous diseases) a reduction of no less than 119 compared with the previous year.

It is now possible for the chest physicians to devote more time to the investigation of non-tuberculous chest diseases and bed accommodation for these cases is now readily available.

New notifications with rates during the past decade are as follows:—

Year	No. of new cases			Incidence rates per 1,000 population		All forms
	P.T.	O.T.D.	Total	P.T.	O.T.D.	
1948	232	47	279	2.01	0.41	2.42
1949	250	30	280	2.17	0.26	2.43
1950	220	41	261	1.9	0.35	2.25
1951	227	38	265	1.97	0.33	2.30
1952	243	28	271	2.12	0.24	2.36
1953	255	42	297	2.24	0.37	2.61
1954	200	25	225	1.76	0.22	1.98
1955	161	28	189	1.42	0.24	1.66
1956	236	20	256	2.1	0.17	2.27
1957	125	18	143	1.12	0.16	1.28

It will be noticed in the subsequent table (showing the age distribution of new cases) that the biggest reduction in incidence has taken place in the age group 35-55 in the case of men (21 less) and between 20-35 in women (37 less).

There is still a hard core of chronic infectious cases in the town and these patients are kept under a specially careful review. At the end of the year, as far as could be ascertained, there were 117 cases of pulmonary tuberculosis who had had a positive sputum during the year but the majority had become converted as a result of treatment. Of the chronic cases it was estimated that 51 were still sputum positive at the end of the

year. 546 other notified cases, who at one time had been infectious, are now sputum negative. Of the known infectious cases 28 were still in hospital at the end of the year.

2. *Contacts*

A greater effort than ever has been made to examine contacts of known cases. With this end in view, with the help of the Medical Research Council, a special investigator was enrolled in September into the clinic staff in the person of Miss Wilson, S.R.N. Her duty is to make extensive enquiries into contacts, more especially among the chronic infectious type of case, and to extend this search beyond the immediate family circle. It is hoped that her efforts will result in bringing to the clinic an ever increasing number of new contacts and the regular review of old contacts.

During the year 1,873 contacts were seen (599 new and 1,274 old). Of these 29 (6 males, 14 females) and 9 children were found to be tuberculous; 27 were still under observation at the end of the year, the remainder being free from evidence of active tuberculosis.

3. *Deaths*

The number of persons dying from tuberculosis continues to decline. In fact it is now usually some intercurrent disease which is the cause of death and rarely does one see a death from tuberculosis alone. This favourable circumstance is entirely due to modern chemotherapy which, properly applied, can keep tuberculous infection under control in the great majority of cases of even extensive disease and readily arrest cases of early and intermediate types of the disease.

During 1957 the Registrar General's return of tuberculosis deaths in Gateshead was 20:

<i>Pulmonary tuberculosis</i>			<i>Non-pulmonary tuberculosis</i>		
Males	..	11	Males	..	1
Females	..	8	Females	..	—
		<u>19</u>			<u>1</u>
		<u>19</u>			<u>1</u>

Actually 32 cases on the clinic register died during the year, the difference of 12 being due to death from a cause other than tuberculosis.

The death rates for Gateshead were:—

Pulmonary tuberculosis	..	..	0.171 per 1,000
Other tuberculous diseases	..	..	0.009 per 1,000
Total (all forms)	..	..	0.18 per 1,000

These rates compare with those for England and Wales for 1957 as follows:—

Pulmonary tuberculosis	0.095 per 1,000
Other tuberculous disease	0.012 per 1,000
Total (all forms)	0.107 per 1,000

The following table shows the total deaths and death rate for the past ten years:—

Year	Total Deaths			Death Rates per 1,000 population		All Forms
	P.T.	O.T.D.	Total	P.T.	O.T.D.	
1948	99	18	117	0.86	0.15	1.01
1949	91	10	101	0.79	0.087	0.87
1950	64	11	75	0.55	0.09	0.64
1951	47	11	58	0.41	0.09	0.5
1952	45	4	49	0.39	0.03	0.42
1953	29	3	32	0.25	0.02	0.27
1954	38	4	42	0.33	0.035	0.36
1955	23	2	25	0.203	0.017	0.220
1956	18	2	20	0.16	0.017	0.177
1957	19	1	20	0.171	0.009	0.18

The age distribution of new cases and deaths is given in the appended table:—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0-1	—	—	—	—	—	—	—	—
1-5	5	1	2	1	—	—	—	—
5-10	4	1	1	—	—	—	—	—
10-15	2	4	—	—	—	—	—	—
15-20	7	6	—	—	—	1	—	—
20-25	15	14	—	2	—	—	—	—
25-35	24	17	—	3	1	1	—	—
35-45	9	12	2	—	—	1	—	—
45-55	13	4	1	1	3	1	1	—
55-65	9	3	1	2	3	2	—	—
65 and up	4	2	1	1	4	2	—	—
Totals	92	64	8	10	11	8	1	—

The above figures include all primary notifications and also others reported to the Medical Officer of Health from the following sources:—

	Pulmonary tuberculosis	Other tubercular Diseases
(a) Local registrar	—	1
(b) Registrar General	—	—
(c) Posthumous	—	—
(d) Inward Transfers	31	—
(e) Outward transferable deaths	1	—

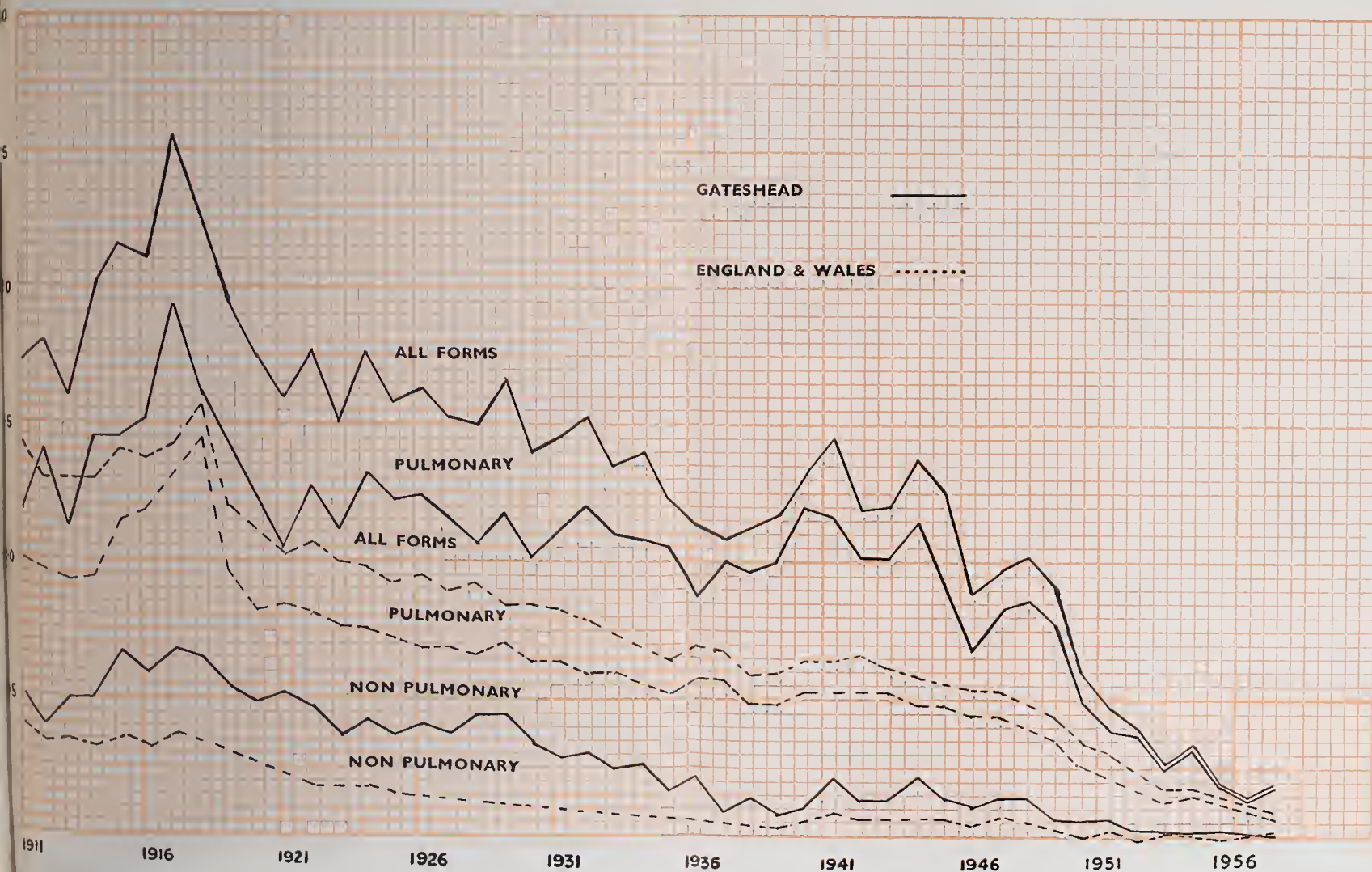
County Borough of Gateshead

TUBERCULOSIS

DEATH RATES per 1,000 population

1911 - 1957

Rate per
1,000



4. *Domiciliary Visiting*

There has been no change in the arrangements for visiting the homes of notified cases.

All first visits are made by the chest clinic health visitor who makes a complete record of the housing conditions on the appropriate form together with a list of the family contacts who are advised to report for x-ray as soon as possible. Subsequent visits are made by the local authority health visitor in whose district the patient resides. Her duty is to become acquainted with the family and then see that the contacts are followed up. A visit should be made at three to six monthly intervals to every case whether attending the chest clinic or not. Their reports are made in triplicate, one being filed in the patients clinical record, one is kept by the superintendent health visitor, the other remaining in their own possession.

A total of 158 first visits and 829 revisits were made during the year. In addition Miss Wilson made 285 special visits to the chronic cases on the clinic register.

The chest physicians made 37 special domiciliary visits, usually at the request of general practitioners, or to patients too ill to attend the clinic for examination.

From the housing reports of new cases the following facts were elicited:—

- 44 occupied a separate bedroom.
- 16 occupied a separate bed with others in the room.
- 97 occupied the same bed as other members of the family.
- 8 cases lived in 1 room.
- 27 cases lived in 2 rooms.
- 63 cases lived in 3 rooms.
- 39 cases lived in 4 rooms.
- 20 cases lived in over 4 rooms.

There has been no change in the local authority's attitude towards the re-housing of tuberculous families. The only concession being the grant of 9 points but no reduction is allowed in the time of waiting. Some scheme of priority should be arranged whereby a tuberculous family could be re-housed quickly when strongly recommended by the chest physician.

During the year 14 families were provided with a council house.

5. *Treatment*

The number of cases of tuberculosis requiring institutional treatment has steadily declined during the past two years and, as a result, it was found possible to close Whinney House Hospital in August for in-patient

treatment and to utilise the beds for geriatric cases instead. Gateshead residents are now normally treated in Normans Riding Hospital, Winlaton, or Sheriff Hill I.D. Hospital, although beds are readily available, if needed, at any of the other sanatoria in the district.

The number of Gateshead residents given institutional treatment during the year is shown in the following table:—

Table of Admissions, Discharges and Deaths

	<i>In hospital on first day of year</i>			<i>Admitted</i>			<i>Discharged</i>			<i>Died</i>			<i>In hospital on last day of year</i>		
	<i>M.</i>	<i>F.</i>	<i>Ch.</i>	<i>M.</i>	<i>F.</i>	<i>Ch.</i>	<i>M.</i>	<i>F.</i>	<i>Ch.</i>	<i>M.</i>	<i>F.</i>	<i>Ch.</i>	<i>M.</i>	<i>F.</i>	<i>Ch.</i>
Whinney House Hospital	16	7	—	21	3	1	35	10	1	2	—	—	—	—	—
Hollywood Hall Sanatorium	3	—	—	6	4	1	5	2	—	—	1	—	4	1	1
Gateshead Children's Hospital	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—
Poole Sanatorium	1	—	—	1	—	—	1	—	—	1	—	—	—	—	—
Seaham Hall Sanatorium	—	3	—	7	2	—	5	5	—	—	—	—	2	—	—
Stannington Children's Hospital	—	—	18	—	—	11	—	—	20	—	—	—	—	—	9
Wooley Sanatorium	12	6	—	42	27	—	48	32	—	1	—	—	5	1	—
Sheriff Hill I.D. Hospital	15	2	—	61	45	—	59	40	—	4	—	—	13	7	—
Normans Riding Hospital	15	5	—	140	65	—	140	65	—	—	—	—	15	5	—
Barrasford Sanatorium	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
<i>Totals</i>	63	23	19	278	146	13	294	154	22	8	1	—	39	14	10

6. After-Care and Rehabilitation

Following a course of institutional treatment all cases are carefully followed up at the chest clinic and most cases continue treatment in the form of chemotherapy as out-patients for several months after their return home. This treatment is supervised by the chest physicians who advise the patient's family doctor appropriately.

No time is lost in arranging for workers to return to remunerative employment and a close liaison is maintained with the Disablement Resettlement Officer. During the year 66 patients were referred to him and he was able to place 34 in suitable work. Of these 20 were admitted to Felling Rehabilitation Centre for a preliminary build-up before beginning full employment. In addition one man was admitted to Remploy as a boot and shoe trainee.

The After-Care Sub-Committee of the Gateshead Health Committee has continued to provide assistance in many different forms to such cases referred to it.

7. *B.C.G. Vaccination*

B.C.G. Vaccination continued to be given to all tuberculin negative reactors among tuberculosis contacts, mostly children, and is now well received by parents.

In addition to vaccination carried out at the chest clinic, the School Medical Service has continued with tuberculin testing of school leavers and B.C.G. vaccination of negative reactors.

There have been no untoward reactions noted in any of the vaccinated cases and no vaccinated case subsequently developed any form of tuberculosis during the year under review.

During 1957 a total of 214 tuberculosis contacts were vaccinated at the chest clinic together with another 21 members of hospital staff.

8. The following table gives a general resume of the work of the chest clinic during 1957:—

	<i>Respiratory</i>			<i>Non-respiratory</i>			<i>Totals</i>		
	<i>M.</i>	<i>F.</i>	<i>Ch.</i>	<i>M.</i>	<i>F.</i>	<i>Ch.</i>	<i>M.</i>	<i>F.</i>	<i>Ch.</i>
A. 1. Number of notified cases of T.B. on clinic register on 1st January, 1957 ..	592	503	132	39	46	44	631	549	176
2. Transfers from clinics under H.M.C's. or B.G's. during the year ..	17	14	—	—	—	—	17	14	—
3. Children transferred to adults during the year ..	—	4	—	—	5	—	—	9	—
4. Cases lost sight of which returned to clinic during the year ..	6	2	1	—	—	—	6	2	1
B. Number of New cases diagnosed as Tuberculosis during the year:									
T.B. MINUS ..	26	24	16	5	9	4	31	33	20
T.B. PLUS ..	38	20	1	—	—	—	38	20	1
Totals of A and B ..	679	567	150	44	60	48	723	627	198
C. Number of cases in A and B written off clinic register during the year:									
(1) Recovered ..	24	28	20	3	4	11	27	32	31
(2) Died (all causes) ..	20	9	—	—	1	—	20	10	—
(3) Removed to other H.M.C. or B.G. clinics ..	30	22	1	1	1	—	31	23	1
(4) Children transferred to adults during the year ..	—	—	4	—	—	5	—	—	9
(5) Other reasons ..	5	5	2	1	5	—	6	10	2
Total of C ..	79	64	27	5	11	16	84	75	43
D. (1) Number of notified cases of T.B. on clinic register on 31st December, 1957	600	503	123	39	49	32	639	552	155
(2) Number of above known to have had a positive sputum within preceding twelve months ..	85	32	—	—	—	—	85	32	—
E. (a) Number of persons (excluding transfers) first examined during the year	—	—	—	—	—	—	1228	1435	712
(b) Number of those in (a) who attended as contacts who were:									
(1) Diagnosed as tuberculous ..	6	14	9	—	—	—	6	14	9
(2) Not tuberculous ..	72	97	374	—	—	—	72	97	374
(3) Not determined (as at 31st December, 1957) ..	4	9	14	—	—	—	4	9	14
F. Number of patients on clinic register awaiting admission to T.B. institution ..	—	—	—	—	—	—	—	—	—
1. Number of attendances at the Clinic including contacts ..	9470			2. No. of: Specimens of sputum examined			1337		

S. D. ROWLANDS,
Consultant Chest Phys

VENEREAL DISEASES

Return relating to Gateshead Cases treated at Ward 34, Newcastle General Hospital, 1957

	Conditions other than Syphilis Gonorrhoea Venereal						Totals 1957 1956 1955 1954						
	M.	F.	M.	F.	M.	F.	M.	F.	Total				
Cases under treatment or observation on January 1st ..	80	116	3	2	16	8	99	126	225	224	234	260	
Cases returned	1	8	—	—	—	—	1	8	9	—	24	10	
Cases transferred from other	—	—	—	—	1	—	1	—	1	2	2	10	
Cases:													
Primary	—	—	—	—	—	—	—	—	—	—	—	1	} 250
Secondary	—	—	—	—	—	—	—	—	—	—	—	—	
Latent, 1st year of infection ..	—	—	—	—	—	—	—	—	—	—	—	—	
Radio-vascular	1	—	—	—	—	—	1	—	1	2	5	—	
Of the Nervous System	—	—	—	—	—	—	—	—	—	1	1	—	
Whether late or latent stages ..	—	1	—	—	—	—	—	1	1	4	4	—	
Syphilis: Congenital	—	—	—	—	—	—	—	—	—	2	—	—	
Gonorrhoea	—	—	16	1	—	—	16	1	17	18	18	—	
Of Conditions:													
Chancroid	—	—	—	—	—	—	—	—	—	—	—	—	
Lymphogranuloma Venereum ..	—	—	—	—	—	—	—	—	—	—	—	—	
Granuloma inguinale	—	—	—	—	19	—	19	—	19	15	21	—	
Chronic gonococcal urethritis ..	—	—	—	—	30	7	30	7	37	50	28	—	
By other conditions requiring treatment	—	—	—	—	45	21	45	21	66	70	110	—	
Conditions not requiring treatment	—	—	—	—	—	—	—	—	—	—	1	—	
Unagnosed conditions	—	—	—	—	—	—	—	—	—	—	—	—	
Cases	82	125	19	3	111	36	212	164	376	388	449	530	
Patients completing treatment or observation													
Patients completing treatment	4	4	10	3	93	33	107	40	147	156	211	—	} 296
Patients transferred elsewhere	—	2	1	—	8	—	9	2	11	3	10	—	
Patients not completing treatment and/or observation	3	5	2	—	—	—	5	5	10	8	1	—	
Patients under treatment on December 31st	75	114	6	—	10	3	91	117	208	221	227	234	
Cases	82	125	19	3	111	36	212	164	376	388	449	530	
Of attendances for medical treatment							1441	1123	2564	2799	2779	3686	
Of attendances for intermediate treatment							136	52	188	70	41	252	

W. V. MACFARLANE, M.D., D.P.H.,
Physician in Charge

PART IV

MISCELLANEOUS SERVICES

A. NATIONAL ASSISTANCE ACT, 1948 (Section 47)

Five cases (as against 21 in 1956) were referred to the Medical Officer of Health for possible action under the above Act.

Information as to the cases was received from the family practitioner, the Welfare Services Department, a health visitor, a relative and a deaconess. In two cases the necessary certificate was issued and in one case the urgency certificate under the Amendment Act was also given. As a result, one entered Fountain View Welfare Hostel voluntarily and the other was removed to Bensham General Hospital, where she died two days later. The three remaining cases entered either Fountain View Welfare Hostel or Bensham Hospital voluntarily.

B. WELFARE OF THE BLIND

Through the courtesy of Mr. R. A. Haysom, Director of Welfare Services, I am able to reproduce the following tables relative to the status of the blind at the end of the year:—

			Males	Females	Total
Registered Blind Persons	..	..	113	152	265

Persons in Residential Accommodation:

Fountain View	..	..	..	10	7	17
Beacon View	..	..	..	—	—	—
Bensham General Hospital	..	..	..	—	1	1
				10	8	18

Children aged under 16 years:

Educable	..	..	..	..	4	3	7
Uneducable	..	..	..	..	—	—	—
					4	3	7

*Occupation of Employed Persons:**Workshops for the Blind:*

Basket workers	..	..	..	4	—	4
Mattress makers	..	..	..	1	—	1
Brush makers	..	..	..	5	—	5
Sewing machinists	..	..	..	—	—	—
Mat makers	..	..	..	9	—	9
Ships fender makers	..	..	..	—	—	—
Machine knitter	..	..	..	—	1	1
				19	1	20

	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>Otherwise employed:</i>			
Piano tuners	1	—	1
Telephone operators	1	—	1
Open employment	3	1	4
Shopkeepers	1	—	1
	6	1	7

Physically and Mentally Defective and Disordered:

(a) Mentally disordered	—	—	—
(b) Mentally defective	2	1	3
(c) Physically defective	8	19	27
(d) Deaf without speech	2	1	3
(e) Deaf with speech	3	5	8
(f) Hard of hearing	4	11	15
(g) Mentally defective and deaf with speech	—	1	1
(h) Physically Defective and Deaf with speech	1	—	1
(i) Physically defective and hard of hearing	2	4	6
	22	42	64

So far as school children are concerned 4 males and 3 females have been ascertained to be blind within the meaning of the Act. These are having special education in schools for the Blind, with the exception of 1 female under school age, and 1 male who is receiving home tuition, aged 10 years.

The additional information required by the Minister of Health in his circular dealing with the annual report for 1953 is given in the following tables:—

Follow-up of Registered Blind Persons

	<i>Cause of Disability</i>			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental fibroplasia</i>	<i>Others</i>
(1) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8. recommends:—				
(a) No treatment	1	1	—	12
(b) Treatment (medical, surgical or optical)	12	2	—	4
	13	3	—	16
(2) Number of cases at (1)(b) above which on follow-up action received treatment	10	2	—	1

Follow-up of Registered Partially Sighted Persons

Cause of Disability

	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Others</i>
(1) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—				
(a) No treatment	1	—	—	—
(b) Treatment (medical, surgical or optical)	2	2	—	4
	3	2	—	4
(2) Number of cases at (1)(b) above which on follow-up action have received treatment	2	—	—	1

Epileptics and Spastics

The following is the known position so far as epileptics are concerned in Gateshead.

There are seven known epileptics among the pre-school children.

Among school children there are 2 epileptics having special education in a residential school and 8 who are attending ordinary school. One other epileptic child has a home teacher and another is awaiting admission to a residential school. There are 3 epileptic mentally defective children, all ineducable, who are not at school at all.

So far as adolescents and adults are concerned, it appears that 36 males and 13 females are registered as epileptic persons, a total of 49. Of this total 7 men and 2 women are unemployed, 3 are employed at the Remploy Factory and the remainder are employed at ordinary occupations.

The position in regard to "spastic" persons is that in the pre-school population, there are 4 known cases.

Among the school population 23 are known and 14 are having education in "The Cedars" Special School, 3 are having education in the Percy Hedley School and 4 attend ordinary school. Two children of school age are notified as being ineducable due to mental defectiveness.

"Spastics" in the adult population are apparently not catered for. There are four such persons known to the Ministry of Labour Resettlement Officer, one of whom is in full employment. Three others are registered as disabled and unemployed.

C. PHARMACY AND POISONS ACT 1933.

22 persons were registered for the sale of poisons listed in Part II of the Poisons List, and these were supervised on behalf of the Council by the Pharmaceutical Society's Inspector, who has reported that the provisions of the Act were adhered to in all cases, except one where the person had not made application for registration. After the visit of the Inspector in this case, application was immediately made to the Public Health Department, and the person was duly registered.

D. SUPERANNUATION ACTS

57 persons (26 males and 31 females), were examined for new appointments with the Gateshead Local Authority, 1 male and 1 female were examined in connection with their appointments to other authorities, and 3 males were examined by their own authorities on behalf of Gateshead.

Under the modified scheme for manual workers employed by the Local Authority, 97 persons were examined (68 males and 29 females).

Three people were examined after application by them to be retired on the grounds of ill-health, 2 people were examined after long periods of sickness, to ascertain their fitness to continue at work, and one person was examined in regard to increase of pension.

PART V

SANITARY CIRCUMSTANCES OF THE AREA

Report of the Chief Public Health Inspector,
John P. Lavender

That contribution to Preventive Medicine and to the promotion of Public Health which may be attributed to the maintenance of a satisfactory state of environmental hygiene is all too often taken for granted and it is only when some major incident or accident occurs affecting the sanitary circumstances of an area that the value of much routine work carried out under vigilant supervision is realised. The efficiency of such services may, to some extent, be measured by the rarity of such disruptive incidents except for those the causes of which are beyond human control such as floods and drought.

That prime necessity in the life of individual or community, an adequate supply of suitable water, is one such service which the town continues to enjoy reliably even during the worst periods of drought which have occurred for many decades. The maintenance of an asset of such inestimable value is a tribute to the foresight, ingenuity and vigilance of the authority responsible for the fulfilment of this function.

The next most important function, though perhaps not always fully appreciated because less obvious, is the removal of fouled water and liquid waste from habitations and other buildings without serious inconvenience or danger to health, this being effected almost entirely by gravitation through systems of drainage and sewerage which, having the advantage of favourable contours, achieve their function with almost automatic regularity. The ultimate disposal of the sewage, however, gives much less cause for satisfaction as its discharge in the crude state, increasing in quantity year by year, contributes, with the sewage from other areas, to cause such pollution of the River Tyne as has earned for it the reputation of being one of the most grossly polluted in the British Isles, it having been so described in specific mention in the course of the proceedings of the Annual Conference of the Public Health Inspectors' Association at Eastbourne this year. Such publicity, together with similar references in Parliament, cannot be repeated too often until public opinion enforces a remedy.

Similarly, based on the axiom that an organism is in constant danger of self destruction by the accumulation of its own waste products, the removal and disposal of solid refuse must be effected in such manner and with such result as to eliminate that threat. An effective organisation for that purpose is reported upon in the pages that follow by Mr. W. C. S. Culley, Cleansing Superintendent.

Undeniably, the sanitary circumstances affecting the environment in which the population endeavours to exist, which up to this year has received the least urgent attention, is the polluted atmosphere. This year, with the advent of the Clean Air Act, comes as the dawn of an era in which

legislation is available to effect an improvement in the purity of the air we must all breathe. Given the will and the means much might be achieved but so far as this year is concerned neither have been sufficient to produce any result upon which favourable comment could be made.

It is most gratifying to be able to include in this report a favourable account of the progress maintained during the year in relation to the clearance of unfit housing which was barely commenced in 1956 following the confirmation of the Chandless Compulsory Purchase Orders.

Public Baths are an amenity to any town and Gateshead is not ill-equipped in this respect as may be seen by the information on this subject contributed by Mr. I. D. Wright, Baths Superintendent. The use made of the warm baths indicates the appreciation of this facility by those who are without baths in their homes. It is also satisfactory to note that none of the samples of water from the swimming baths were found, upon bacteriological examination, to be unsatisfactory, thus ensuring that there was no danger to the health of those availing themselves of this means of healthy recreation.

It is a matter for much concern that those parts of this report relating to Sanitary Inspection of the Area and the Inspection and Supervision of Food show an achievement below that which is desirable due entirely to staff deficiencies which it has not been found possible to remedy. The matters of greater urgency and the more insistent demands for attention in certain matters have occupied the time and attention of the depleted staff to the detriment of less urgent phases of the work as will be seen in the details of the report upon the several items.

Recognition must be granted in respect of the conscientious work and devotion to duty by the Deputy Chief Inspector, Mr. G. Charlton and the older and experienced Senior Inspectors without which even the essential functions of the department would have been difficult to achieve under the present circumstances. Thanks are also tendered to the Medical Officer of Health, Dr. Grant, and to the Chairman and Members of the Health Committee for much support and encouragement in coping with matters of difficulty.

A. WATER SUPPLY

Water is supplied to the town by the Newcastle and Gateshead Water Company, as the statutory undertakers, from supplies mainly collected from upland sources in the north-western areas of Northumberland and after treatment by filtration and chlorination is distributed within the town partly through mains directly serving the lower areas and partly through two service reservoirs maintained by a pumping station, one at Beacon Lough and one at Carr Hill, situated at 520 feet and 450 feet respectively above sea level, serving the higher areas.

The Water Company's statements as to the quantity of water in store made at monthly intervals throughout the year show an average of

3,888 million gallons representing 138 days supply with 3,058 million gallons representing 109 days supply as the minimum in August and 4,352 million gallons representing 155 days supply in the month of April as the maximum.

Monthly examinations of the water by means of 12 samples submitted for chemical analysis and 13 for bacteriological tests were made with satisfactory results as shown by the following reports:—

The reports of the bacteriologist show that in each of the 13 samples “the probable number of coliform bacilli, Mac Conkey 2 days at 37° C per 100 ml — NIL”.

Report of the Public Analyst upon the sample submitted for the month of April.

<i>Chemical Results</i>					<i>Parts per Million</i>
Total Solids dried at 180°C.	..	..	..	..	212
Chlorine as chlorides	..	..	..	..	16.0
Free Ammonia	..	..	..	..	0.02
Albuminoid ammonia	..	..	..	..	0.04
Nitrogen as nitrates	..	..	..	..	0.70
Oxygen absorbed (4 hours at 80°F.)	..	..	..	..	2.00
Total Hardness	..	..	..	..	141
Permanent Hardness	..	..	..	..	21
Temporary Hardness	..	..	..	..	120
Lead and Copper	..	..	..	..	None
Iron	..	..	..	..	0.1
Appearance and Colour (Hazen degrees 10)	..	..	..	..	Satisfactory
Smell and Taste	..	..	..	..	Satisfactory
Microscopical examination of deposit	..	..	..	..	Satisfactory
pH value	..	..	..	..	7.2

REPORT

This sample of water contains somewhat less total solids and hardness than that examined in March.

It is of satisfactory organic purity, it has been adequately filtered and it is free from taste or odour.

I am of the opinion that the water is suitable for a Public Supply.

(Signed) W. GORDON CAREY.

The water is not liable to plumbo solvent action.

34,282 houses in the Borough with a population of 110,900 are supplied with water from the Water Company's mains and of these there are 1,652 where the draw off taps, though within the premises, are not inside the dwelling. This number is being considerably reduced and should soon be almost entirely eliminated as a direct result of the clearance of areas of unfit housing.

It can be stated with confidence that the supply of water to the town is satisfactory in all respects.

B. SEWERAGE AND SEWAGE DISPOSAL

The sewerage systems of the town continue to function without serious inconvenience with rare exceptions in certain places where flooding has occurred during exceptionally heavy rainstorms, such occurrences being eliminated where practicable by improvement works where required.

No major sewerage works have been carried out during the year.

The whole of the sewage from the houses and other buildings in the town, with the exception of those in part of the housing estates at Wrekenton, is discharged without prior treatment direct into the River Tyne which is tidal up to and beyond the Borough boundaries. This constitutes a considerable contribution to the heavy pollution of the river especially as practically the whole of the sanitary conveniences installed in premises consist of water closets connected to the sewers.

In the case of the exception referred to at Wrekenton the sewage is conveyed to sewage purification plant in the area of the Felling Urban District Council adjoining the eastern boundary before being discharged to the river.

C. PUBLIC CLEANSING

The following report upon the work of the Cleansing Department for the year is kindly supplied by Mr. W. C. S. Culley, M.Inst.P.C., Cleansing Superintendent.

Report of Transport and Cleansing Department for 1957

1. *Refuse Collection and Disposal*

No. of Dust bins and dry boxes in the Borough—37,500.

During the year a regular weekly collection of House and Trade Refuse was maintained, and it is estimated that 1,990,000 calls were made for dust bins and dry boxes from all classes of premises.

Regular collections were also made from the multi-storey flats at Barn Close and Priory Court, where the latest type of refuse chutes and containers are installed.

The refuse collected has been disposed of by controlled tipping at the following tips, and hitherto derelict sites are being reclaimed for use as recreation grounds, etc.

Farnacres Tip ..	31,448
Wrekenton Tip ..	5,971
Pyburn Lane Tip	7,724
<i>Total</i> ..	<u>45,143 Tons</u>

2. *Dust Bins*

1,465 defective bins were replaced by British Standard $2\frac{1}{2}$ cu. ft. galvanised bins from the stocks of this Department during the year, by sales to local property owners, and Corporation Departments.

3. *Street Cleansing*

There are approximately 135 miles of roads and streets (plus back lanes) within the Borough. These were regularly cleansed, and the quantity of street sweepings collected amounted to 6,695 tons, which was disposed of as follows:—

Farnacres Tip ..	6,518
Wrekenton Tip ..	71
Pyburn Lane Tip	106
<i>Total</i> ..	<u>6,695 Tons</u>

An average of 35 sweepers per day with 8 Electric Trucks were engaged on this work, together with 2 modern mechanical Sweeper-Collectors.

4. *Street Gullies*

Approximately 7,500 gullies were emptied, cleansed and resealed at monthly intervals or less by two modern vehicle-mounted Gully Emptiers. These machines can also be utilised for Street Watering, Pressure Washing, Sewer Flushing and Cesspool Emptying when necessary.

5. *Salvage*

During the year 277 tons of re-usable waste, valued at £2,550, was salvaged and returned to industry as raw materials. There is still a heavy demand for scrap metal and tins to meet the requirements of the Steel Industry, but the demand for waste paper has eased.

(Signed) W. C. S. CULLEY,
Superintendent.

D. PUBLIC BATHS

The following report with respect to provision and operation of the public swimming baths and the use of the warm bath facilities is kindly provided by Mr. I. D. Wright, Baths Superintendent.

“The Gateshead Baths Department is comprised of two establishments, Mulgrave Terrace Baths opened in 1890 and Shipcote Baths opened in 1942.

Mulgrave Terrace Baths has a swimming pool 81 feet × 30 feet containing 60,000 gallons of water. This water is continuously purified by recirculation through two seven feet diameter vertical pressure filters, the total gallonage of the swimming pool passing through the filters every four hours.

Also contained in this establishment is a suite of 25 warm baths, which, in spite of the extensive slum clearance in the area and re-housing of families in houses with bath rooms, is very well used as the statistics below will indicate.

Shipcote Baths has a swimming pool 100 feet \times 40 feet with a depth varying from 3 feet 6 ins. to 8 feet 6 ins., and contains 140,000 gallons of water purified by three 8 feet 6 ins. filters. The turn-over rate is four hours.

In conjunction with the purification by filtration the water in the swimming pools is sterilised by the addition of chlorine gas through specialised dosing equipment. The system of "break point" chlorination is operated, the accent being upon the maintenance of a free available chlorine residual, which has a high bactericidal effect and ensures a sterile and attractive water.

No. of bathers—year ending 31st March, 1958:—

		<i>Swimming Bath</i>	<i>Warm Baths</i>
Shipcote	..	88,869	nil
Mulgrave	..	37,707	31,153

(the above figures do not include the large number of school children attending in organised classes or persons attending with swimming clubs).

(Signed) **I. D. WRIGHT,**
Baths Superintendent.

Each of the seven samples, four from the Shipcote Baths and three from the Mulgrave Terrace Baths, taken and submitted for bacteriological examination were reported as being free from coliform bacilli. The efficiency of the system of filtration and chlorination is therefore satisfactory particularly as the bulk of the water was used continuously without being changed during the year except that 1,000 gallons of fresh water from the mains supply is added daily in the process of chlorination.

E. HOUSING

Housing Accommodation provided by Local Authority

The following table shows the progress of rehousing of families from overcrowded and unfit houses in the Borough

- | | |
|--|-------|
| 1. Houses provided by the Local Authority prior to 1945 | 2,648 |
| (962 houses provided by the North Eastern Housing Association Ltd. are not included in this item). | |

2. Houses provided 1945 to 1956 inclusive:		
(a) Built in Gateshead by Local Authority ..	3,263	
(b) Built outside Gateshead by Local Authority	167	
(c) Provided by Felling U.D.C.	618	
	<hr/>	4,048
3. Houses provided during 1957:		
(a) Built in Gateshead by Local Authority ..	591	
(b) Built outside Gateshead by Local Authority	183	
(c) Provided by Felling U.D.C.	98	
	<hr/>	872
Total number of houses provided		<hr/> <hr/> 7,568

Summarizing the figures shown above, of the 4,920 houses provided since the War for rehousing purposes, 3,854 were built within the Borough and 1,066 were built outside of the Borough.

Overcrowding

The submission made last year still obtains that some degree of overcrowding still exists in houses in the town and can neither be refuted nor estimated owing to the lack of any precise information, but it is apparent that this must have been further considerably reduced during this year by the rehousing activities of the local authority. 4,007 families having been rehoused during the post war period, including 476 this year, but exclusive of rehousing from unfit properties many of which, even so, contributed to the factor of overcrowding. The rehousing of families from houses in clearance areas now in progress must inevitably contribute to the alleviation of overcrowding to a considerable degree.

Unfit Housing

(a) Clearance Areas

Progress in the rehousing of families from the demolition of the houses in clearance areas including the Chandless Area and the Melbourne Street Clearance Area, the Compulsory Purchase Order for which latter was confirmed in March of this year is shown as follows:—

Houses originally in the areas represented ..	821
Houses demolished in 1956	12
Houses demolished in 1957	149
	<hr/>
	161
Houses remaining to be demolished	<hr/> 660
Families originally in the areas represented ..	973
Families rehoused during 1956	94
Families rehoused during 1957	450
	<hr/>
Families awaiting rehousing in clearance areas	544
	<hr/> 429

Of the 1,411 houses included in the areas surveyed in 1950 for inclusion in the first five year clearance programme there remained at the commencement of the five year programme in 1956 1,183 houses to be dealt with and of these at the end of 1957 there remained 265 houses. The houses dealt with are accounted for as follows:—

Houses in the original 5 year programme	1,411
Houses dealt with by Closing and Demolition Orders before commencement of clearance areas	228
Houses dealt with by clearance areas	794
Houses dealt with by Closing and Demolition Orders co-incidental with clearance areas	124
	<hr/> 1,146
Houses remaining of original 5 year programme to be dealt with	265
	<hr/> 1,411

Of the families occupying the original 1,411 houses there remained at the end of the year approximately 670 to be rehoused. At the present rate of progress it is anticipated that this will have been achieved during 1959 and that it will then be possible to proceed with the next 2,800 houses scheduled originally to be dealt with in 15 years but this period could possibly be considerably shortened.

b) Individual Unfit Houses

87 houses occupied by 104 families were dealt with, being houses unfit for human habitation and incapable of being rendered fit at reasonable expense, by means of individual demolition order or closing orders during this year, details of which are shown below:—

Orders	Orders Applied	No. of houses	No. of Families	No. of Families rehoused 1957	Families remaining end of 1957
Demolition Orders	Outstanding from 1956	27	29	23	6
Closing Orders	Outstanding from 1956	44	72	22	50
Demolition Orders	During 1957	61	76	12	64
Closing Orders	During 1957	26	28	12	16
		158	205	69	136

It may be noted that since 1945 the number of houses dealt with by individual Closing and Demolition Orders is 670 occupied by 758 families of which 622 have been rehoused. This constitutes a substantial contribution to the clearance of unfit houses.

The following table gives an account of the houses demolished and wellings closed during the year and of the persons displaced therefrom:—

	<i>Dwelling houses Demolished</i>	<i>No. of Persons Displaced</i>
HOUSES INCLUDED IN CLEARANCE AREAS	149	1,275
HOUSES NOT INCLUDED IN CLEARANCE AREAS		
<i>Houses Demolished or Closed</i>		
1. <i>Housing Act, 1936</i>		
(a) Houses demolished as a result of formal or informal procedure under Section 11	18	70
(b) Parts of buildings closed (Section 12)	22	64
2. <i>Local Government Miscellaneous Provisions Act, 1953</i>		
Closed under Section 10(1) and 11(2)	3	8

An account of the number of houses made fit by informal action and by the use of statutory powers is here presented.

Repairs

<i>Informal Action</i>	<i>No. of Houses</i>
Number of unfit houses rendered fit and houses in which defects were remedied during the year as a result of informal action under the Housing or Public Health Acts	892
<i>Action under Statutory Powers</i>	
<i>Public Health Acts</i>	
Number of houses in which defects were remedied after service of formal notice	
(a) by Owners	24
(b) by Local Authority in default of Owners ..	Nil
<i>Housing Acts, 1936</i>	
Number of houses made fit after service of formal notice under Sections 9, 10, 11 and 16	
(a) by Owners	60
(b) by Local Authority in default of Owners ..	9

Housing Repairs and Rent Act, 1954, and Rent Act, 1957

As was anticipated in last year's report, certain provisions of the Housing Repairs and Rents Act, 1954, relating to Certificates of Disrepair were superseded by provisions of the Rent Act, 1957, which became operative in July and the indications are that the latter is proving more effective in achieving that part of its purpose relating to the repair and maintenance of dwelling houses, as may be seen by a comparison between the activities under the earlier Act during the whole of the time it was in operation and the activities for the same purpose under the New Act during the brief period of six months it has been in operation.

Housing Repairs and Rents Act, 1954

During the whole of the time that the Act was in force:—

Applications received for Certificates of Disrepair ..	114
Certificates granted	108
Certificates revoked upon application	71

Rent Act, 1957

During the period July to December 31st, 1957:—

Applications for Certificates of Disrepair	141
Undertakings received from landlords (Form K) ..	92
Work completed before expiry of Form J (Form J is notice of intention to issue Certificate)	4
Certificates of Disrepair issued	18
Applications received and action pending ..	27
Applications for cancellation of Certificates	1
Certificates cancelled	1

Although no figures or facts which may be quoted are available, it is well known to this Department that most landlords are responding willingly and actively to the requests of tenants by forms G, with the result that a very considerable amount of repair work is being carried out without the intervention of this Department, which, together with the activities of the Department, is raising the standard of maintenance of houses considerably more than was found to be the case under the previous Act. Prospects for the future are therefore encouraging.

This year may be regarded as the most active and effective so far as housing is concerned for almost two decades and the work in hand at the close of the year promises a further year in 1958 of similar activity and progress which it is hoped might even be accelerated.

F. SANITARY INSPECTION OF THE AREA

1. Staff

The first essential for the effective inspection of an area is the existence of a sufficient staff of qualified and efficient inspectors and, particularly, at least a nucleus of inspectors with long experience and a good knowledge of the town also, in large towns such as this, specialist inspectors for such duties as housing, food inspection and atmospheric pollution.

The establishment of the department provides for a staff of twelve qualified inspectors including the Chief Inspector and Deputy Chief Inspector. The year commenced with a staff of nine inspectors but, with the retirement of Mr. W. A. Mears, late Chief Inspector, in January and the resignations of three district inspectors who took up appointments with other authorities during the year and the appointment, as an inspector, of one student inspector who became qualified during the course of the year, the staff at the end of the year consisted of six qualified inspectors. All efforts to recruit inspectors failed and it was therefore decided to recruit a limited number of students by careful selection of suitable type who were able to render some useful service as assistants to and under the guidance of the experienced inspectors.

Under such conditions of depleted staff throughout the year it was inevitable that much routine and general inspection was omitted in order to cope with the more urgent matters and the more insistent demands

upon the services of the department. The worst enemy to be resisted in such circumstances is frustration which is not in any degree attenuated by the poor prospects of alleviation.

The Health Committee have this matter under consideration.

2. Complaints received and dealt with during the year

Of these 1,243 related to general matters.

362 related to absence of water supply to houses.

432 related to infestation by rodents.

83 related to defective or absence of dust bins.

The total of 2,120 complaints were dealt with appropriately.

The milder weather conditions during the winter periods of the year accounted for 1,334 less complaints of absence of water supply to houses than in the previous year.

3. Notices issued

Notices were served upon the owners, agents and tenants requiring the abatement of nuisances and repairs to dwellings, drains, sanitary conveniences, etc., as follows:—

INFORMAL NOTICES

Public Health Act, Housing Act and Gateshead Corporation Act.

No. of notices served	..	..	..	..	674
No. of notices complied with	..	..	..	..	783*
No. of notices superseded by Statutory Notices					74

STATUTORY NOTICES

Housing Act

No. of notices served	..	..	..	..	43
No. of notices complied with	..	..	..	..	58*
No. of notices passed to Borough Surveyor under Section 10	..	..	..	..	11
No. of notices carried out in default	..	..	..	..	11

Public Health Act, 1936

(a) Section 75—Dust Bins

No. of notices served	..	..	..	..	45
No. of dustbins provided by owners	..	..	..	..	31
No. of dustbins supplied by Corporation in default					14

(b) Sections 39, 83, 89 and 93

No. of notices served	..	..	..	..	19
No. of notices complied with	..	..	..	..	20*

*The excess of notices complied with over the number of notices served is accounted for by the inclusion of notices served during the previous year which were complied with during the current year, also there were fewer notices awaiting compliance at the end of the current year than at the end of the previous year.

Summary of Inspectors' Visits and Inspections

Public Health Act

Infectious Diseases	606	
Nuisances	325	
Water Supplies	136	
Drainage	740	
Stables and Piggeries	48	
Offensive Trades	18	
Tents, Vans, Sheds	18	
Refuse Disposal	365	
Atmospheric Pollution	90	
Infested Premises	163	
Public Conveniences	6	
Schools	9	
Places of Entertainment	99	
Public Houses (Section 89)	16	
Miscellaneous	205	
	<hr/>	2,844

Housing Acts

Closing and Demolition Orders ..	469	
Slum Clearance	462	
Overcrowding	41	
Repairs and Rents Act	318	
Defects and Repairs	5,870	
Houses let in Lodgings	6	
	<hr/>	7,166

Food and Drugs Act

Meat Inspection	35	
Food Inspection	324	
Shops	211	
Stalls and Vehicles	11	
Restaurants	19	
Fish Fryers	1	
Dairies and Milk Shops	404	
Ice Cream Shops and Factories ..	34	
Food Factories	51	
Public Houses	10	
Knackers Yard	2	
Food Sampling	383	
Food Poisoning	131	
	<hr/>	1,616

Factories Act

Factories	268	
Outworkers	66	
	<hr/>	334

Merchandise Marks Act	—	
Fertilisers and Feeding Stuffs Act	—	
Rag Flock etc., Act	1	
Pet Animals Act	14	
Shops Act	59	
Diseases of Animals Act	152	
Prevention of Damage by Pests Act	607	
	<hr/>	833

Total Inspections 12,793

Total Visits 11,719

The number of visits and inspections at 25% less than the numbers for the previous year reflects the effect of the depletion in the number of inspectors.

5. Notifiable Infectious Diseases

Visits were made on 606 occasions to houses for the purpose of investigating cases of infectious disease notified to the Medical Officer of Health and reports as to the conditions found were made thereon.

6. Offensive Trades and Knackers Yard

Offensive trades conducted on seven premises duly authorised for such purposes are comprised as follows:—

- 1 Fat Melter.
- 1 Tallow Melter and Blood Drier.
- 1 Tripe preparer.
- 1 Hide and Skin sorting.
- 3 Marine Store Dealers.

No complaints were received with respect to any of these premises during the year.

Routine inspections were made in the course of 18 visits and reports showed that the premises were maintained in satisfactory condition generally.

The Licensed Knackers Yard at Blackwall, South Shore Road, occupied by the Exors. of Michael Dobson (deceased) has been kept under regular supervision and found to be conducted and maintained satisfactorily without offence or complaint arising.

The number of animals and carcasses disposed of at the premises during the year was 1,010, comprising:—

- 241 Horses and ponies.
- 421 Cows, including 2 under the Tuberculosis Order.
- 340 Other bovine animals.
- 3 Sheep.
- 5 Pigs.

7. Factories Act, 1937 and 1948

The Register of Factories required to be kept by the District Council in accordance with Section 8(3) of the Act of 1937 has been revised after comparison with the lists of factories kept by H.M. Inspector of Factories and shows a total of 434 factories in the Borough at the end of the year, of which 415 are factories in which mechanical power is used and 19 are factories in which mechanical power is not used. There are also 21 other premises used as warehouses, etc., in which Section 7 is enforced by the Local Authority.

Defects and contraventions found during the course of inspections were readily remedied by the factory occupiers upon their attention being drawn to such and in 33 cases written notices were sent to occupiers.

Notices received from H.M. Inspector of Factories in respect of 11 factories in the Borough relating to matters requiring the attention of the District Council under the provisions of Part I of the Act of 1937 received attention with satisfactory results.

The particulars required by Section 128(3) of the Act of 1937 to be reported with respect to matters under Part I and Part VIII of the Act which are administered by the District Council and prescribed by Form 572 of the Ministry of Labour and National Service are shown in the table below:—

(1) *Inspections*

<i>Premises</i>	<i>Number on Register</i>	<i>Number of</i>	
		<i>Inspections</i>	<i>Written Notices</i>
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	19	25	4
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	415	219	26
(iii) Other premises in which Section 7 is enforced by the Local Authority	21	24	3
	455	268	33

(2) *Cases in which Defects were found*

<i>Particulars</i>	<i>No. of cases in which defects were found</i>			
	<i>Found</i>	<i>Remedied</i>	<i>Referred</i>	
			<i>To H.M. Inspector</i>	<i>By H.M. Inspector</i>
Want of Cleanliness	7	4	—	—
Overcrowding	—	—	—	—
Unreasonable Temperature ..	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors ..	—	—	—	—
Sanitary Conveniences:—				
(a) Insufficient	6	4	—	4
(b) Unsuitable or defective ..	68	37	—	7
(c) Not separate for sexes ..	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	—	—	—	—
	81	45	—	11

There were no cases in which prosecutions were instituted.

Outworkers—Part VIII of the Act, Sections 110 and 111

One (1) outworker was notified as being employed by the occupier of a factory within the Borough.

The names and places of employment of 37 outworkers within this district, employed by the occupiers of five factories outside the Borough, were notified by the Councils of two other districts.

There were 17 outworkers on the register for the earlier part of the year and 38 for the later part of the year.

The places of employment of all outworkers, which were in all cases their homes, were visited and no contraventions of this part of the Act were found.

No cases of default in sending in lists of outworkers to the Council were found and no occasions arose for the service of notices or for prosecutions under this part of the Act.

8. Shops Act, 1950, Section 38

In the course of 270 visits to shops for the purpose of inspection on 59 occasions matters arising from Section 38 of the Act including ventilation, temperature, sanitary accommodation, water supply and washing facilities, drainage, cleansing and disinfection and general repairs, were dealt with informally with satisfactory results.

9. Places of Public Entertainment

In accordance with the Ministry of Health Circular dated 25th August, 1920, all places of Public Entertainment in the Borough, comprising two theatres, eleven cinemas, three billiard halls and thirty-one premises licensed for music, dancing and singing have been inspected periodically involving 99 visits to such premises during the year.

For the purpose of the Authorities responsible for the licensing of the premises certificates as to the sanitary conditions were issued and reports were made to the appropriate authorities. Certificates of satisfactory conditions were issued in respect of the two theatres, ten of the cinemas, two of the billiard halls and the thirty other premises. In respect of the remaining one cinema, one billiard hall and one other premise, certificates were issued conditional upon the execution of certain works required for the maintenance of proper sanitary conditions.

The general standard of maintenance of premises used for public entertainment is satisfactory, general repairs and cleansing and decoration being carried out by the licencees readily upon request.

10. Disinfection of Verminous Premises

Details of the types of premises where disinfection work has been carried out for various kinds of infestations are shown below. There is a considerable increase in the numbers of premises treated, due to an increase in the number of tenants removed from unfit houses.

Premises treated for Cockroaches					
Council houses	..	..	..	17	
Private Houses	..	..	..	7	
Hospitals	..	..	..	17	
Other premises	..	..	..	10	
				—	51
Premises Treated for Bugs and Other Vermin					
Council houses	..	..	..	13	
Private houses	..	..	..	46	
Other premises	..	..	..	6	
				—	65
Furniture disinfested on removal to Council houses					
houses	..	..	..	..	131
				—	131
					<u>247</u>

11. Prevention of Damage by Pests Act, 1949

Operations under this Act were continued throughout the year for the destruction of rats and mice in sewers and buildings by the Public Health Inspectors carrying out the functions of Rodent Officers and the three Rodent Operatives carrying out the treatments of sewers and infested premises.

Sewer Treatments

The policy which has been pursued during the last 12 years of carrying out treatments of the sewer manholes throughout the town twice each year has undoubtedly reduced the infestation of the sewers to at least a reasonably safe level but any relaxation of effort would rapidly undo the effect of all this successful work. It is therefore essential not only to pursue this policy but to endeavour by any means available to achieve further reductions if possible. To this end changes in the methods employed were used experimentally last year and were continued during this year with satisfactory results.

By the use of Warfarin, an anti-coagulant poison, which is not detected by rats consuming the bait and para-nitro-phenol as a preservative to prevent mould in the bait, test baiting and pre-baiting are eliminated thus affording adequate time for concentration upon the infested areas without neglecting the precautionary measures against re-infestation of the wider areas which are practically clear. The use of this method does not afford any means of estimating the numbers of rats destroyed but evidence of the presence or absence of rats is indicated by the consumption or otherwise of baits laid. The changes of methods of baiting and of treating each of the main sewers separately instead of by districts does not permit of accurate comparison between the results obtained in 1957 and those of previous years but the indications are that the present methods are at least equally effective and may well prove ultimately to be more so. The reduction in the number of surface infestations would appear to support this view.

Rodent Control in Surface Premises

The number of complaints received, infestations found and treatments carried out for dwelling houses and other premises shown in the table

below indicates an appreciable reduction compared with previous years. As anti-coagulents are used mainly, the number of rodents destroyed cannot be even approximately estimated although it can be stated that the methods employed are largely successful in clearing premises off infestation.

Type of Premises	Local Authority Premises	Dwelling Houses	Business and Other Premises	Totals
1. Number of complaints of Infestations	28	236	79	343
2. Number of infestations found by inspection of premises:				
(a) Rats.. .. .	12	82	46	140
(b) Mice	17	130	36	183
3. Number of treatments of premises by Local Authority's Rodent Operators	29	191	79	299
4. Number of premises treated by Occupiers	—	21	3	24

12. Atmospheric Pollution

Measurement of Pollution

For the purpose of estimating the degree of pollution of the atmosphere appliances are used to measure the amounts of soot, grit and smoke deposited and washed from the atmosphere by the rain also to test for the amount of sulphur gases. These appliances consist of three deposit gauges installed one each at Sheriff Hill, at Shipcote and at the Corporation Yard with also the sulphur candle appliance. The deposits and collection from these appliances are submitted to the Public Analysts for measurement and estimation and the results recorded are also supplied to the Fuel Research Section of the Department of Scientific and Industrial Research for the purposes of comparison and correlation with the records from other industrial areas throughout the country.

The results recorded at the three gauges for the year are summarised as follows. The results for the previous year are included for the purpose of comparison and show a slight improvement this year.

Site of Gauge		Deposit tons per square mile		Mean Average Tons per square mile	
		1956	1957		
Corporation Yard	Month	26.30	23.33		
	Year	315.68	279.91		
Shipcote	Month	21.82	17.09	1956	1957
	Year	261.84	205.07	Month	Year
Sheriff Hill Hospital	Month	12.49	11.34	20.21	17.25
	Year	149.91	136.12	242.47	207.03
Estimated weight of deposit on the Borough—tons per month				1956	1957
Estimated weight of deposit on the Borough—tons per year				141.47	120.75
				1,687.64	1,449.00

THE CLEAN AIR ACT, 1956

Those parts of the Act which, by virtue of the first Appointed Day having been fixed for the 31st December, 1956, were in force at the commencement of the year included principally the provisions relating to:—

- The installation of new furnaces.
- The establishment of Smoke Control Areas.
- The control of Colliery Spoil Banks and
- The Miscellaneous and administrative matters.

BUILDING BYELAWS

The first action taken by the Borough Council under Section 24 of the Act was the prompt adoption of the model building bye-laws relating to the installation of approved heating and cooking appliances in new buildings.

Notice of intention to install new furnaces

Under Section 3 of the Act notices of intention to install new furnaces in industrial premises were received in respect of:—

1. one oil fired boiler furnace and the conversion of existing furnaces to oil fuel at a bakery.
2. a gas fired steam boiler at an electrical engineering factory.
3. a new air furnace of the flat hearth type using pulverised coal fuel for the production of steel rolls in a steel works.

In this last case an application for "Prior Approval" was also received but difficulties encountered with respect to Approval had not been resolved at the end of the year.

Smoke Control Areas

No action was taken with respect to the establishment of smoke control areas in the town. A suggestion by the Newcastle Corporation that a Smoke Control Area be made on the south side of the boundary between the two local authority areas to coincide with a proposed Control Area to be made on the North side of the boundary was considered by the Health Committee but was found to be impracticable at the present time.

Colliery Spoil Banks

There are no colliery spoil banks within the Borough Boundaries.

Other Activities in relation to Atmospheric Pollution

This Authority co-operated in the formation of the North East Regional Advisory Committee of Local Authorities for Smoke Abatement and Clean Air which held its inaugural meeting in January and decided to be represented thereon by the Chairman and Vice-Chairman of the Health Committee and the Chief Public Health Inspector. The representatives participated in the proceedings of the parent committee and its Tyneside Sub-Committee and the Chief Public Health Inspector attended the meetings of its Tyneside Technical Sub-Committee.

The Coal Utilisation Council offered facilities at their premises in Newcastle for the instruction of Public Health Inspectors in the matters relating to types of approved fireplaces for use with smokeless fuels and their installation for purposes connected with smoke control areas and advantage was taken of this offer with the permission of the Health Committee to the extent that most of the Inspectors and student inspectors attended the two-day courses with beneficial results.

The implementation of the Act during its first year of operation has been greatly hampered by the lack of staff to enforce or carry out its provisions. However, a survey of furnaces in industrial premises is being made, with a view to assessing the problem from that aspect, in conjunction with the work of factories inspection under the Factories Acts.

13. Rag Flock and Other Filling Materials Act, 1951

There are in the Borough the following premises licensed or registered under the Act as shown:—

Premises registered to use filling materials to which the Act applies	..	..	..	..	..	..	16
Premises licensed to manufacture Rag Flock	..	..					Nil
							<hr/> 16 <hr/>

No samples of filling materials for analysis were taken owing to pressure of other duties upon the depleted staff of the Department.

Four visits were made to licensed and registered premises during the year.

14. Pet Animals Act, 1951

There are three licensed pet shops in the Borough all of which have been periodically inspected and found to be maintained in compliance with the Act.

15. Burial Act, 1857

No action was necessary during the year.

16. Fertilisers and Feeding Stuffs Act, 1926

No action was taken under this Act and no samples were taken during the year owing to staff shortage.

It may be noted that the retail trade in these substances in this town is limited almost entirely to the requirements of amateur gardeners owing to the proximity of marketing facilities for farmers, agriculturalists and horticulturalists in the neighbouring city of Newcastle upon Tyne.

G. DISEASES OF ANIMALS ACT, 1950

Live Stock Markets

Statement of number of animals which passed through Messrs. Maughan's Auction Mart, Tyne Road East, which is an official certification centre:—

	<i>Fat Stock for Slaughter</i>	<i>Store Stock</i>
Cattle	12,017	43
Sheep	14,755	—
Calves	79	—
Pigs	11,116	384
Dairy Cows ..	—	—
Horses	—	316
	<u>37,967</u>	<u>743</u>

66 sales were held and an inspector attended all sales for the purposes of issuing movement licences and the general supervision of cleansing and disinfection. The numbers of animals passing through the mart showed a slight increase in fat stock and a slight reduction in stores.

PEDIGREE PIG SALES

No sale of Pedigree Pigs on behalf of the North of England Pedigree Pig Breeders' Association was held at Maughan's Mart during the year.

IRISH ANIMALS ORDER—AUTHORISED MARKET

No sales of freshly landed Irish cattle took place during the year.

TRANSIT OF ANIMALS ORDER

Cleansing and disinfection of road vehicles was supervised at Messrs. Maughan's Washing Dock, Redheugh Bridge Road, at which 1,410 vehicles were dealt with.

REGULATION OF MOVEMENT OF SWINE ORDER, 1950

Movements of animals under this Order were as follows:—

	<i>No. of Licences</i>	<i>No. of Swine</i>
Movement of Swine from Maughan's Auction Mart to premises outside the Borough ..	886	11,415
Movement of Swine from Maughan's Auction Mart to premises within the Borough	10	85
Movement of Swine to premises within the Borough received and checked	34	370
Movement of Swine into Maughan's Auction Mart as Collecting Centre for Animals for slaughter were received and checked	6	64

Regular inspections were carried out to see that the conditions of licences were being observed. No contraventions of the Order were met with during the year.

SWINE FEVER

The Borough was free from any outbreak of Swine fever during the year.

FOOT AND MOUTH DISEASE

An outbreak of Foot and Mouth Disease was confirmed in an adjoining area which brought the Borough within an area of control under the resultant Orders of Restriction which were made by the Ministry of Agriculture, Fisheries and Food. One special licence was granted to Messrs. T. & I. Maughan and Company Limited, to enable them to hold their weekly sale of fat stock for immediate slaughter at their Certification Centre on behalf of the Ministry. 29 movement licences involving 377 cattle, 40 sheep and 115 pigs were issued by this Department.

SALES OF POULTRY

One licence was granted under the Live Poultry (Restrictions) Order, 1957, to Messrs. T. and I. Maughan and Company Limited to hold a special Christmas sale of fat poultry at their market in Redheugh Bridge Road.

41 Poultry were entered and sold.

TUBERCULOSIS ORDERS

No cases of tuberculosis in dairy herds were notified during the year.

PART VI

INSPECTION AND SUPERVISION OF FOOD

A. MILK AND DAIRIES

Cow Byres

The year terminated with no dairy farms in the Borough, the only existing premises used for this purpose having ceased to produce milk for sale.

Milk Retailers

Distribution of milk in the Borough is carried out as follows by:—

Producer Retailers from outside the Borough	..	..	3
Producer Retailers from within the Borough	..	..	1
Retailers distributing from premises outside the Borough			8
Retailers distributing from premises within the Borough..			9
Retailers (shops)	..	..	388
			<hr/> 409 <hr/>

Purity of Milk

50 formal samples and 27 informal samples of milk were taken under the Food and Drugs Act the results of which, with the exception of only one case of added water, show the milk supply to the Borough to be of a satisfactory quality (see table under Section C).

Milk (Special Designations) (Raw Milk) Regulations, 1949

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

The following table gives the various grades for which 568 licences were issued:—

<i>Tuberculin Tested</i>						
Dealer's Licences	..	..	..	..	..	80
Supplementary Licences	..	..	..	..	..	8
<i>Pasteurised and Sterilised</i>						
Dealers' Pasteurisers' Licences	..	..	..	..		3
Dealers' Licences to use designation "Pasteurised"	..					93
Dealers' Licences to use designation "Sterilised"	..	..				373
Supplementary Licences to use designation "Pasteurised"						7
Supplementary Licences to use designation "Sterilised"	..					4
						<hr/> 568 <hr/>

Bacteriological Examination of Milk

The following summary shows the total number of samples taken during the year and submitted for the prescribed tests under the Milk (Special Designation) (Raw Milk) Regulations, 1949, the Milk (Special

Designation) (Pasteurised and Sterilised Milk) Regulations, 1949, and the Heat Treated Milk (Ministry of Health) Circular 31/44.

1. Methylene Blue Test	198
2. Phosphatase Test	198
3. Tuberculosis Biological Test ..	—
4 Turbidity Test	8
	<hr/>
	404
	<hr/>

Results of Tests

<i>Class of Milk</i>	<i>Appropriate Test</i>	<i>No. Examined</i>	<i>No. Satisfactory</i>	<i>No. Unsatisfactory</i>	<i>No. Invalidated</i>	<i>Percentage Satisfactory</i>
Pasteurised	Methylene Blue	107	104	2	1	98.1%
	Phosphatase	107	107	—	—	100%
School Supplies (Pasteurised)	Methylene Blue	56	45	6	5	88.2%
	Phosphatase	56	56	—	—	100%
Tuberculin Tested Pasteurised	Methylene Blue	34	34	—	—	100%
	Phosphatase	34	34	—	—	100%
Sterilised	Turbidity	8	8	—	—	100%
Tuberculin Tested	Methylene Blue	1	1	—	—	100%
		403	389	8	6	97.8%

The results of the samples of milk submitted for the various tests during the year 1957 show the maintenance of the high standard of the previous years.

The efficiency of modern pasteurisation plant is indicated by the fact that not one sample failed the phosphatase test.

Further, only 6 samples failed the methylene blue test and these were all taken during the summer months.

Milk and Dairies Regulations, 1949

Legal action was taken under the above Regulations against a dairyman for selling Milk in dirty bottles. The defendant was fined £5 0s. 0d. and £3. 3s. 0d. costs.

No cases of mastitis or tuberculosis were reported amongst cows in the Borough by the Ministry of Agriculture, Fisheries and Food during the year.

Schools, Nurseries and Hospitals

Regular sampling of the milk supplied to schools, nurseries and hospitals in the Borough was carried out during the year.

The results of these samples are included in the preceding summary.

Bacteriological Examination of Ice Cream

23 Samples of ice cream and ice cream mix were submitted for the methylene blue grading tests with the following results:—

Grade 1	..	..	10
Grade 2	..	..	3
Grade 3	..	..	5
Grade 4	..	..	5
			<hr/>
			23
			<hr/>

56.5% of the samples were satisfactory as compared with 72% in 1956.

The unsatisfactory samples were dealt with in the following manner:—

- (a) Six from manufacturers in the Borough by check sampling either during and/or after manufacture.
- (b) Four from manufacturers outside the Borough by notifying the local authority concerned of the results of the samples.

Ice Cream Premises

Premises registered for the manufacture of Ice Cream at beginning of year	..	..	..	..	..	10
Premises registered for sale of ice cream at beginning of year	..	..	..	..	..	287
Premises added to register for sale of ice cream during the year	..	..	..	..	..	23
Premises removed from register for sale of ice cream during the year	..	..	..	..	..	5
						<hr/>
Total number of premises registered for sale of ice cream at end of 1957	..	..	..	..	..	305
						<hr/>

Inspections of these premises were carried out so far as was possible.

B. FOOD AND DRUGS ACT, 1955

INSPECTION OF MEAT AND OTHER FOODS

Slaughterhouses

There are no slaughterhouses in the Borough at the present time, those in use at the time of meat control in 1940 having all been put to other uses or demolished.

Unsound Foods

A considerable amount of time is given to the inspection of foodstuffs at warehouses and shops. The amount condemned has increased again to more than eight tons, as against five tons last year, to the eight tons reported in 1955.

All food condemned as unfit for human consumption is effectively disposed of by burial in controlled refuse tips, or where suitable, for animal feeding was released for that purpose to processing factories.

The following table summarises the total weight of such foodstuffs, all of which was voluntarily surrendered and, consequently, only one case quoted below was the subject of legal proceedings.

	<i>lbs.</i>
(a) Butcher Meat and Bacon	1,966
(b) Provisions	150 $\frac{1}{2}$
(c) Fruit and Vegetables	25
(d) Carton and Packet Foods (Cereals, etc.)	21 $\frac{3}{4}$
(e) Tinned Meat and Fish	5,812
(f) Tinned Vegetables, Fruits, Soups, etc.	10,042 $\frac{3}{4}$
(g) Tinned Milk	647
(h) Preserves (Pickles and Essences)	78
(i) Fresh and Dried Fish	122
<i>Total</i> ..	<u>18,865 lbs.</u>

8 tons, 8 cwt. 1 qtr., 21 lbs.

During the year legal action was taken against a firm in the Borough for selling mouldy cakes.

The defendants were fined £5 0s. 0d. and ordered to pay £2 2s. 0d. costs.

Importation of Foodstuffs

The following table shows the amount of foodstuffs landed at Hillgate Quay from countries on the continent of Europe:—

	<i>Tons</i>
1. Milk and Milk Powder	17 $\frac{1}{2}$
2. Margarine and cooking fat	239 $\frac{3}{4}$
3. Vegetables	5,941
4. Fruits—fresh	1,878 $\frac{3}{4}$
5. Vegetables—tinned	21 $\frac{1}{4}$
6. Fruits—canned	58 $\frac{3}{4}$
7. Pickles and Sauces	138
8. Bacon, Eggs, Butter and Cheese	2,643
9. Dried Egg Custard Powder	111 $\frac{1}{4}$
10. Cakes and Biscuits	4 $\frac{1}{2}$
11. Beer, Wine, Spirits and Alcohol	422 $\frac{1}{4}$
12. Cereals	858
13. Meats—tinned	1,418 $\frac{1}{4}$
14. Chocolate, Sweets, etc.	49 $\frac{1}{4}$
15. Other foodstuffs	143 $\frac{3}{4}$
<i>Total</i> ..	<u><u>13,945$\frac{1}{4}$</u></u>

Food Premises

(1) The following summary shows the number of the various types of food premises in the town:—

Butchers	114
Bakeries	51
Fried Fish Shops	72
Wet Fish Shops	26
Greengrocers and Fruiterers	84
Grocers	115
General Dealers	366
Confectioners	141
Restaurants, Cafes and Snack bars, Ice Cream shops and Parlours ..	31
	<hr/>
	1,000
	<hr/>

(2) Food premises registered under Section 16 of the Food and Drugs Act, 1955:—

Butchers	36
Pork Butchers	3
Bakeries	3
Pie Manufacturers	9
Preserved Meat Manufacturers ..	1
	<hr/>
	52
	<hr/>

Dairies registered under the Milk and Dairies Regulations, 1949-1954

There are 5 dairies in the town registered under the Milk and Dairies Regulations, 1949-1954.

(3) 741 visits were made to food premises.

This includes inspection of premises registered under the Food and Drugs Act for which, unfortunately, separate figures are not available.

The records of the inspection of shops made in 1952 showed that 72% complied in all respects with the provisions of Section 13 of the Food and Drugs Act, 1938, as compared with 13%, 2 years earlier, which indicated a very considerable achievement for 2 years work.

It is regrettable that persistent staff shortages since those surveys were made has precluded the possibility of pursuing this policy in relation to food hygiene under the present Food Hygiene Regulations. However, advantage has been taken of every available opportunity to have the conditions in food premises brought up to this standard.

Such opportunities were not so numerous as to afford grounds for satisfaction that real progress was being made, but whilst there are no grounds for complacency neither do there appear to be grounds for serious alarm or despondency in view of the fact that there were no more than 18 households affecting only 22 persons where outbreaks of food-poisoning occurred which is a reduction upon the figures of 30 households and 31 persons for the previous year.

Nevertheless, it is more than desirable that sufficient staff should be available to carry out the work of inspection to achieve the highest possible standard in this important field of environmental hygiene.

Food Sampling

149 Samples of various foods were taken and submitted for analysis by the Public Analyst, of which 141 were reported as genuine and 8 as irregular.

The food sampled were:—

<i>Samples</i>	<i>No. of Samples</i>	<i>Samples</i>	<i>No. of Samples</i>
FORMAL			
Milk	50		
INFORMAL		INFORMAL	
Butter Beans	1	Milk	22
Beef Steak Puddings	1	Milo Food Drink	1
Beef Sausage	14	Meat Pie	1
Butter	2	Minced Meat	1
Cream Cheese Spread	1	Malt Vinegar	1
Cream of Tomato Soup	1	Margarine	1
Cough Syrup	1	Minced Chicken	1
Coffee	1	Morfat Whipping	1
Custard Powder	1	Pickled Beetroot	1
Dressed Crab	1	Pate de Foie (Truffle)	1
Fish Cakes	5	Pilchards in Tomato Sauce	1
Ground Almonds	2	Pork Sausage	1
Gravy Browning	1	Self Raising Flour	1
Ground Rice	1	Smoked Trout Paste	1
Honey (Pure)	1	Sauce	1
Indian Tonic Water	1	Strawberries (tinned)	1
Ice Cream	5	Sterilised Cream	1
Ice Lollie	1	Shortening	1
Jam	3	Tongue Paste	1
Jelly Cream	1	Tea	1
Liver and Bacon Croquettes	1	Table Jelly	1
Lard	1	Mincemeat	1

Of these

1. One formal sample of milk deficient in non-fatty solids to the extent of 26.8% and in milk fat to the extent of 13.3%. Freezing point tests confirmed the presence of added water. Legal proceedings pending.
2. Four informal samples of milk were deficient in non-fatty solids to the extent of 1.1%, 3.0%, 1.0% and 1.2%. The presence of added water was not confirmed by the freezing point tests. Check samples reported as genuine.
3. One informal sample of milk deficient in non-fatty solids to the extent of 2.0% and in milk fat to the extent of 6.6%. The presence of added water was not confirmed by the freezing point test. Check sample genuine.
4. Two informal samples of beef sausage contained 45.6% and 48.5% of meat. Check sampling pending.

It is very satisfactory to be able to report that 94.6% of the samples taken were found on analysis to be genuine.

JOHN P. LAVENDER,
CHIEF PUBLIC HEALTH INSPECTOR

ANALYSIS OF DEATHS ACCORDING TO CAUSES, AGE AND SEX DURING 1957

	Total	Males	Females	0-1 Yrs.	1-2 Yrs.	2-5 Yrs.	5-15 Yrs.	15-25 Yrs.	25-45 Yrs.	45-65 Yrs.	65-75 Yrs.	75 Yrs. & Over	Total Deaths in Public Institutions	Transferable Deaths	
														In	Out
Certified	1212	641	571	57	3	4	4	10	46	322	322	444	—	122	223
Uncertified	65	33	32	—	—	—	1	—	1	21	26	16	—	3	6
1. Tuberculosis, Respiratory	19	11	8	—	—	—	—	1	3	10	3	2	7	2	1
2. Tuberculosis, Other	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—
3. Syphilitic Disease	2	1	1	—	—	—	—	—	—	2	—	—	1	—	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	1	1	—	1	—	—	—	—	—	—	—	—	1	—	1
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	2	2	—	—	—	—	1	—	—	1	—	—	1	1	—
10. Malignant Neoplasm, Stomach	33	21	12	—	—	—	—	—	—	15	12	6	12	6	7
11. " " Lung, Bronchus	61	53	8	—	—	—	—	—	4	36	15	6	27	6	8
12. " " Breast	17	—	17	—	—	—	—	—	—	6	7	4	6	2	2
13. " " Uterus	13	—	13	—	—	—	—	—	—	8	2	3	18	—	14
14. Other Malig. & Lymphatic Neoplasms	91	45	46	—	—	—	—	—	4	31	25	31	53	11	17
15. Leukaemia, Aleukaemia	7	3	4	—	—	—	—	—	1	5	1	—	4	2	1
16. Diabetes	4	2	2	—	—	—	—	—	1	—	2	1	—	—	—
17. Vascular Lesions of Nervous System	162	78	84	—	—	—	—	—	3	32	51	76	79	8	15
18. Coronary Disease, Angina	176	115	61	—	—	—	—	—	2	68	62	44	79	16	28
19. Hypertension with Heart Disease	38	14	24	—	—	—	—	—	1	10	13	14	25	2	5
20. Other Heart Disease	174	66	108	—	—	—	—	—	7	19	40	108	82	7	27
21. Other Circulatory Disease	52	24	28	—	—	—	—	1	2	4	8	37	33	3	10
22. Influenza	17	5	12	1	1	—	2	—	1	5	3	4	11	—	5
23. Pneumonia	15	11	4	2	—	—	—	—	7	1	5	15	—	—	5
24. Broncho Pneumonia	63	30	33	6	—	—	—	—	—	4	22	31	66	5	16
25. Bronchitis	91	60	31	1	1	1	—	—	1	32	32	23	45	7	14
26. Other Diseases of Respiratory System	13	7	6	—	—	—	—	—	1	5	3	4	7	1	2
27. Ulcer of Stomach & Duodenum	14	11	3	—	—	—	—	—	—	2	8	4	15	1	4
28. Gastritis and Enteritis	5	2	3	2	—	—	—	1	—	—	2	—	4	3	3
29. Diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Nephritis and Nephrosis	7	3	4	—	—	—	—	1	3	2	1	—	8	—	2
31. Hyperplasia of Prostate	5	5	—	—	—	—	—	—	—	1	1	3	4	1	2
32. Pregnancy, Childbirth, Abortion	1	—	1	—	—	—	—	—	1	—	—	—	1	—	—
33. Congenital Malformations	15	7	8	13	—	—	1	—	1	—	—	—	8	2	1
34. Premature Birth	18	10	8	18	—	—	—	—	—	—	—	—	15	6	7
35. Other defined & ill-defined Diseases	106	55	51	12	1	1	—	3	3	23	26	37	65	21	17
36. Motor Vehicle Accidents	8	6	2	—	—	2	—	1	3	—	1	1	9	2	3
37. All Other Accidents	32	16	16	1	—	—	1	2	4	7	4	13	31	8	11
38. Suicide	14	9	5	—	—	—	—	—	1	7	3	3	4	2	—
39. Homicide & Operations of War	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	1277	674	603	57	3	4	5	10	47	343	348	460	736	125	229

